

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

1. LOCATION OF BUILDING		
AT (LOCATION)	(ADDRESS NO.) _____	(STREET) _____
BETWEEN	(CROSS STREET) _____	AND (CROSS STREET) _____
SUBDIVISION	LOT _____	LOT SIZE _____
ZONING DISTRICT	_____	

2. TYPE & COST OF BUILDING		
A. TYPE OF IMPROVEMENT		B. PROPOSED USE – <i>for Demolition list most recent use</i>
<input type="checkbox"/> New building <input type="checkbox"/> Addition * <input type="checkbox"/> Alteration * <input type="checkbox"/> Repair and/or Replacement <input type="checkbox"/> Demolition * <input type="checkbox"/> Moving (relocation) <input type="checkbox"/> Foundation only	<input type="checkbox"/> Residential <input type="checkbox"/> One family <input type="checkbox"/> Two or more family <i>List number of units</i> _____ <input type="checkbox"/> Transient hotel, motel, dormitory <i>List number of units</i> _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other – <i>specify</i> _____ _____ _____	Nonresidential <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking garage <input type="checkbox"/> Service station, repair garage <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Public utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tank, towers <input type="checkbox"/> Other – <i>specify</i> _____ _____ _____
* <i>If residential, enter number of housing units added, altered or demolished in part B. item 9.</i>		
C. OWNERSHIP		For Nonresidential – <i>Describe below in detail the proposed use of buildings, e.g. machine shop, elementary school, rental office building.</i>
<input type="checkbox"/> Private (e.g. individual, nonprofit institution, corporation) <input type="checkbox"/> Public (e.g. Federal, State or Local Government)		
D. COST		<i>If use of existing building is being changed, describe proposed use in detail.</i>
Total cost of of Improvements → \$	(To round dollars)	
<i>(include electrical, plumbing, HVAC, & all other work)</i>		

3. CHARACTERISTICS OF THE BUILDING					
E. PRINCIPAL FRAME TYPE(S)		I. OTHER MECHANICAL & ELECTRICAL		L. DIMENSIONS OF BUILDING	
<input type="checkbox"/> Masonry (wall bearing block) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Precast concrete <input type="checkbox"/> Pre-engineered truss / lumber <input type="checkbox"/> Other - <i>specify</i> _____	<input type="checkbox"/> Central air conditioning <input type="checkbox"/> Fireplace – wood burning <input type="checkbox"/> Fireplace – not wood burning <i>List type of fuel</i> _____ <input type="checkbox"/> Wood stove <input type="checkbox"/> Elevator <input type="checkbox"/> Security system <input type="checkbox"/> Generator <input type="checkbox"/> Lightening protection system <input type="checkbox"/> Solar panels <input type="checkbox"/> Other - <i>specify</i> _____	Number of stories _____ Height – exterior grade to peak, ft. _____ Building Area, list in sq. ft. a. Basement _____ b. Floors (first, second, etc.) _____ c. Attached garage _____ d. Other enclosed space _____ <i>Total Area (sum a+b+c+d) =</i> _____	<input type="checkbox"/> Enclosed, list total number _____ <input type="checkbox"/> Outdoors, list total number _____		
F. SEWAGE DISPOSAL				M. OFF-STREET PARKING SPACES	
<input type="checkbox"/> Public utility or private company <input type="checkbox"/> On-site (septic tank, etc.)					
G. WATER SUPPLY				N. RESIDENTIAL BUILDINGS ONLY	
<input type="checkbox"/> Public utility or private company <input type="checkbox"/> On-site (septic tank, etc.)	J. ADA ACCESSIBILITY FEATURES		Number of bedrooms _____ Number of bathrooms _____	_____ <i>Full</i> _____ <i>Partial (Half)</i>	
H. HEATING FUEL		K. ENERGY VALUES		O. ANTICIPATED SCHEDULE <i>day/mo/year</i>	
<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Other - <i>specify</i> _____	<input type="checkbox"/> Kitchen modifications <input type="checkbox"/> Bathroom modifications <input type="checkbox"/> Other - <i>specify</i> _____	Insulation R values <i>Show on plans</i> Glazing U values <i>Show on plans</i> Energy analysis attached? Yes No	Sitework Estimated Start Date Estimated Finish Date Building Estimated Start Date Estimated Finish Date Certificate of Occupancy Date		

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4. IDENTIFICATION & CERTIFICATION			
	Name	Mailing Address – No., street, city, state, zip code	Tel, Fax, Cell Nos. & E-mail address
Owner or Lessee			Tel.
			Fax
			Cell
			E-mail
Builder or General Contractor			Tel.
			Fax
			Cell
			E-mail
Architect or Engineer			Tel.
			Fax
			Cell
			E-mail

I hereby certify that I am the Owner of Record of the named property, or that the proposed work is authorized by the Owner of Record and I have been authorized by the Owner to make this application as his/her authorized agent.

I agree to conform to the Pennsylvania Uniform Building Code, the applicable ordinances of this West Nottingham Township and all other applicable laws of both the United States of America and the Commonwealth of Pennsylvania.

If a permit is issued for the proposed work, I agree that the Building Code Official or his/her authorized representative, the Codes Enforcement Officer, Police and any other law enforcement agencies shall have the authority to enter the property at any time to enforce the building code, ordinances and all other applicable laws.

SIGNATURE OF APPLICANT	DATE	ADDRESS	TEL OR CELL NO.
RESPONSIBLE PERSON IN CHARGE OF WORK & TITLE			TEL OR CELL NO.

5. DEPOSIT & FEE RECORD – for office use only				
Payment Amount	Check or Money Order No.	Date dd/mm/yr	Account Name	Charge to: Deposit or Fee Balance

6. APPROVALS & PERMIT RECORD – for office use only						
Plan Review	Date		Number		Fee	\$
Zoning Permit	Date		Number	ZP -	Fee	\$
Road Occupancy Permit	Date		Number	ROP -	Fee	\$
Building Permit	Date		Number	B -	Fee	\$
Electrical Permit	Date	N/A	Number	N/A	Fee	\$ N/A
Plumbing Permit	Date	N/A	Number	N/A	Fee	\$ N/A
Mechanical Permit	Date	N/A	Number	N/A	Fee	\$ N/A
Use & Occupancy Permit	Date		Number	Same as Bldg Permit #	Fee	\$ N/A
Sewage Disposal System Permit	Date		Number		Fee	\$ N/A
Water Well Permit	Date		Number		Fee	\$ N/A

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Insert Sheet

Purpose. Include this Insert Sheet with the Building Application submission for the following types of projects listed below. This Insert Sheet *is not needed* for a single family (one family) detached dwelling or addition project.

1. Non-Residential Use projects.
2. Multi-family Residential Use or Single family Attached Dwelling projects.

7. ELECTRICAL WORK						<i>If no work, check this box ----></i>
Total Service	Amps		Power Devices (List each separately)	Number	Output/Load	Describe Utility Revisions:
Number of Circuits	2 Wire					
	3 Wire					
	4 Wire					
Number of Service Outlets	110V					
	220V					

8. PLUMBING WORK						<i>If no work, check this box ----></i>
Enter the Number of Fixtures to be Installed, Replaced or Repaired						
Tubs		Lavatories		Backflow Preventers		Roof Openings
Showers		Urinals		Water Heaters		Inside Downspouts
Tub/Shower combos		Drinking Fountains		Water Softeners		Exterior Downspouts
Jacuzzis		Grease Traps		Fire Sprinkler Heads		Parking Lot Drains
Toilets		Floor Drains		Fire Standpipes		For public water, service size, inches
Sinks		Garbage Disposals		Fire Hose Connections		For public water, meter size, inches
Bidets		Water Pumps		Swimming Pools		For public sewer, service size, inches
Laundry Tubs		Sump Pumps		Lawn Sprinkler Heads		
Dishwashers		Sewage Ejectors				
Describe Utility Revisions:						

9. MECHANICAL WORK						<i>If no work, check this box ----></i>
Enter the Number of Fixtures to be Installed, Replaced or Repaired						
Forced Air Furnaces		Window A/C Units		A/C Compressors		Kitchen Exhaust Hoods
Unit Heaters		Split System A/C Units		Air Handling Units		HazMat Exhaust Hoods
Gas / Oil Conversion		Heat Pumps		Coil Units		Air Cleaners / Scrubbers
Gravity Furnaces		Space Heaters		Incinerators		
Solid Fuel Appliances		Electric Furnaces		Boilers		
Describe Utility Revisions:						

10. ADDITIONAL WORK NOT LISTED ABOVE						
Use the space below to list any additional work or information about the project.						