

# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E)	<input type="checkbox"/> Plumbing (P)	<input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
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## 1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I)	<input type="checkbox"/> Other (O)

## 2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address		City State Zip

## 3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

## 4. CERTIFICATION

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 that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_

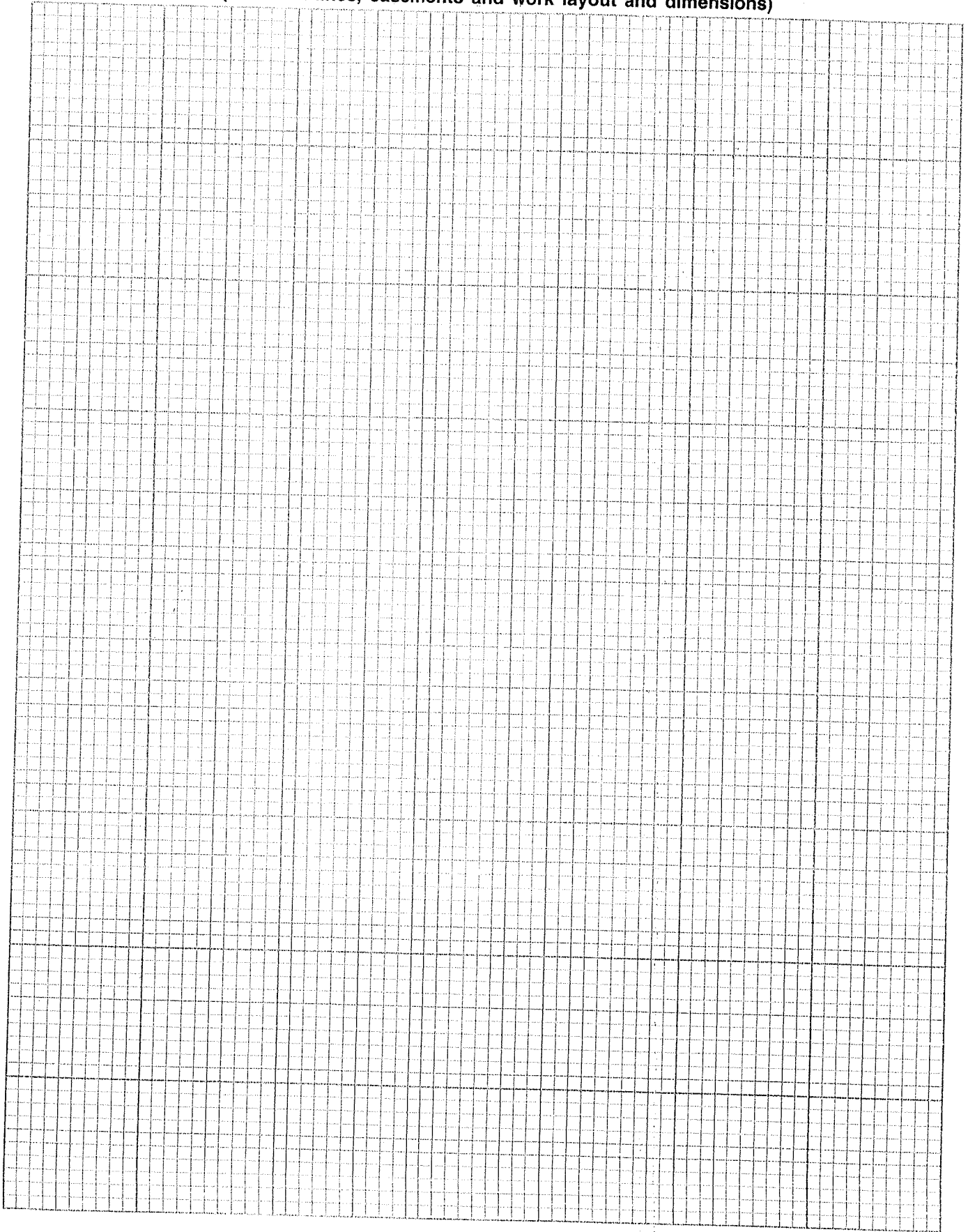
No. Street





**10. SITE PLAN**

**(Show lot lines, easements and work layout and dimensions)**



**SCALE = 1 Inch = \_\_\_\_\_ FEET**

**11. DATA ENTRY**

Application Received:    /    /  
 By: \_\_\_\_\_  
 Application Reviewed:    /    /  
 By: \_\_\_\_\_  
 Data Entry:    /    /  
 By: \_\_\_\_\_

**12. FLOODPLAIN EVALUATION**

FLOOD MAP NUMBER & DATE \_\_\_\_\_ LOWEST FLOOR ELEVATION \_\_\_\_\_  
 FLOOD ZONE \_\_\_\_\_ BASE FLOOD ELEVATION \_\_\_\_\_

**13. ZONING PLAN EVALUATION**

ZONING DISTRICT \_\_\_\_\_ MAP NUMBER \_\_\_\_\_  
 LOT AREA (From Page 2) \_\_\_\_\_ LOT COVERAGE (%) \_\_\_\_\_  
 LOT AREA PER ROOM \_\_\_\_\_ ENCROACHMENTS \_\_\_\_\_  
 OFF STREET PARKING SPACES, REQUIRED \_\_\_\_\_ PROVIDED \_\_\_\_\_  
 LOADING SPACE \_\_\_\_\_  
 SIGNS; NUMBER \_\_\_\_\_ SIZE OF EACH SIGN \_\_\_\_\_  
 PLANNING COMMISSION APPROVAL REQUIRED \_\_\_\_\_  
 BOARD OF ZONING APPEALS APPROVAL REQUIRED \_\_\_\_\_

**14. PLAN REVIEW RECORD**

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
<b>TOTAL</b>		\$	<b>TO BE ENTERED ON PART 18</b>				

**15. ADDITIONAL PERMITS REQUIRED**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

**16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)**

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drwngs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**17. OTHER DEPARTMENT APPROVALS**

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

**18. VALIDATION**

Building Permit	Date	Number	Permit/Insp. Fee
Electrical Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
Plan Review Fee (From Part 14)			
Certificate of Occupancy Fee			
Other Fee			
<b>TOTAL FEES</b>			

Prepared By: \_\_\_\_\_ Date \_\_\_\_\_

Approved By: \_\_\_\_\_ Title \_\_\_\_\_

**WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION**  
**(to be included with Building Permit Application)**

Pursuant to Act 44, Commonwealth of Pennsylvania, effective on Tuesday, 31 August 1993, NO building Permit Application shall be reviewed nor shall any Building Permit be issued unless and until the applicant has provided such information as the Law shall require. All building contractors shall be bound by said requirements except those specifically exempted by the Act.

A "STOP WORK" ORDER shall be issued upon verification that insurance coverage is lacking, was misrepresented upon application or has been cancelled or revoked for due cause by the carrier of said insurance.

"PROOF of INSURANCE" shall mean that a certificate of insurance demonstrating current coverage and compliance with Act 44 rests with the contractor and his carrier. Religious exemption is provided within the Act. The contractor with no employees is likewise exempt. A property owner doing his own work is also exempt. ALL others MUST provide PROOF of Insurance.

A. THE APPLICANT IS

A contractor within the meaning of the Pennsylvania Workers' Compensation Law, Act 44 of 1993:

yes

no

If the answer is "yes", complete Sections B and C below as appropriate.

B. INSURANCE INFORMATION

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation.

Certificate attached

Name of Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy No. \_\_\_\_\_

Certificate attached

Policy Expiration Date \_\_\_\_\_

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION  
(to be included with Building Permit Application)  
Pursuant to Act 44  
Commonwealth of Pennsylvania

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C. EXEMPTION

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

- Contractor with no employees. CONTRACTOR PROHIBITED BY LAW FROM EMPLOYING ANY INDIVIDUAL TO PERFORM WORK PURSUANT TO THIS BUILDING PERMIT UNLESS CONTRACTOR PROVIDES "PROOF OF INSURANCE" TO THE TOWNSHIP.
- Religious exemption under the Workers' Compensation Law.

ALL APPLICATIONS MUST BE NOTARIZED IN ORDER TO BE ACCEPTED.

.....  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(signature of Notary Public)

\_\_\_\_\_  
Signature of applicant  
Address \_\_\_\_\_

\_\_\_\_\_  
County of Chester  
Highland Township



# CROSS SECTION SUBMITTAL

- (A) Coiling Insulation:  
Type \_\_\_\_\_ R value \_\_\_\_\_
- (B) Rafters/Trusses  
Type \_\_\_\_\_ Span \_\_\_\_\_  
Spacing \_\_\_\_\_
- (C) Roof Sheathing  
Type \_\_\_\_\_ Thickness \_\_\_\_\_
- (D) Roof Underlayment  
Type \_\_\_\_\_
- (E) Roof Covering  
Type \_\_\_\_\_
- (F) Wall Insulation  
Type \_\_\_\_\_ R value \_\_\_\_\_
- (G) Wall Framing  
Stud Size \_\_\_\_\_ Spacing \_\_\_\_\_  
Type \_\_\_\_\_
- (H) Wall Sheathing  
Type \_\_\_\_\_ Thickness \_\_\_\_\_
- (J) Sill Plate Anchor  
Type \_\_\_\_\_ Spacing \_\_\_\_\_
- (I) Sub-Floor Sheathing  
Type \_\_\_\_\_ Thickness \_\_\_\_\_
- (K) Floor Joist/Truss  
Type \_\_\_\_\_ Span \_\_\_\_\_  
Spacing \_\_\_\_\_
- (L) Foundation  
Type \_\_\_\_\_ Thickness \_\_\_\_\_
- (M) Foundation Waterproofing system  
Type \_\_\_\_\_
- (N) Floor  
Type \_\_\_\_\_ Thickness \_\_\_\_\_
- (O) Footer  
Type \_\_\_\_\_ Thickness \_\_\_\_\_  
Width \_\_\_\_\_

