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					ient use only.	ls Owi	
//	Building (B)	Electrical (E) Mechanical (M)		bing (P) r (O) (See	item (1)	,	Applic (Y/N)	ant
		1. PROPI					(1714)	
Street Address		·		Apt.	.,	Parcel Number	Zoning	
O. L. II.								
Subdivision		Lot N	umber Par Typ	е Ц	Residential (R)	,	1)	
		2. OWN	ER INFO			Other (O)		
First Name	Last name or Bus			· · · · · · · · · · · · · · · · · · ·			Phone	
Street Address					-			
					City		State	Zip
		3. CONTRA	CTORS IN	VFORM.	ATION			
	NAME OF CONT	RACTOR	ST. /	ADDRESS	<u> </u>	CITY, ST.	LICENS	SE NO.
Applicant (not owner)	STOT HAME, PINST HAME							
Architect / Engineer						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7,
General Contractor								
Excavation								
Concrete								***************************************
Carpentry								
Electrical								
Plumbing								***************************************
Sewer								
Mechanical								
Roofing								
Masonry	-			· · · · · · · · · · · · · · · · · · ·				
Drywall or Lathing		1000000						
Sprinkler								· · · · · · · · · · · · · · · · · · ·
Paving								
ire 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 purisdiction. 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 applicable to such permit.

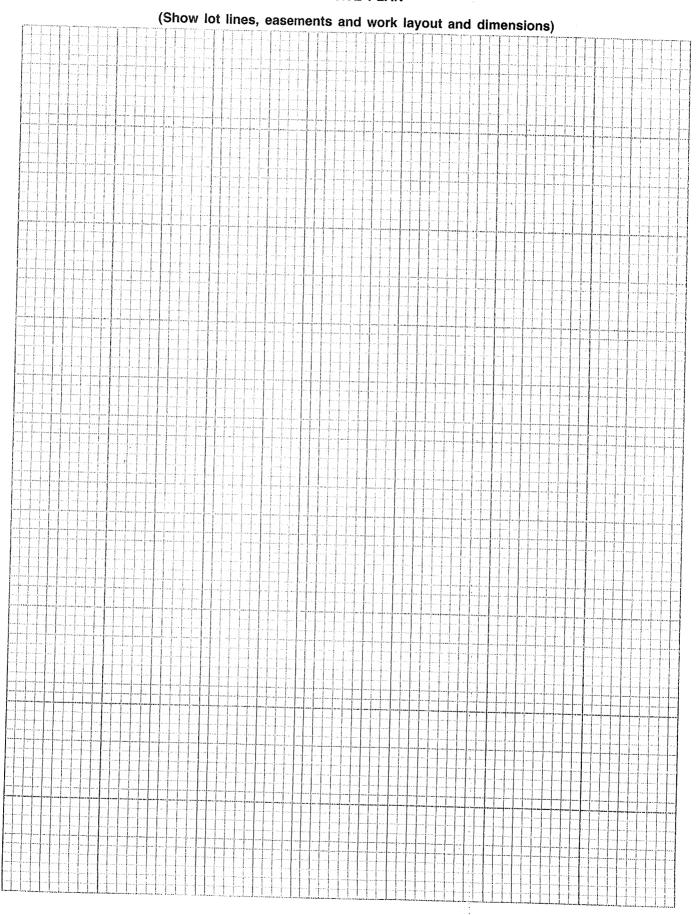
SIGNATURE OF APPLICANT ADDRESS PHONE NO.

5. BUILDING PERMIT APPLICATION

F	or Dept.	Request Plan No.	DROPO!		7171	II APPLICATION			
F	Jse Ońly Plan Number	Assignment (Y/N)	ASSEME	SED USE: SLY THEATRE (1) NIGHT CLUB (2)		□ +	TIONAL BROUP HOME (12) BOSPITAL (13) AIL (14)	F	OTHER (24) PARKING GARAGE PARPORT
	IMPROVEMENT TY NEW CONSTRI ADDITION (2) ALTERATION (3) REPAIR / REPL DEMOLITION (6) RELOCATION (6) FOUNDATION (6) CHANGE OF US	UCTION (1) 3) ACEMENT (4) 5) 6) DNLY (7) SE ONLY (8)	BUS EDUCAT FACTOR	RESTAURANT (3) CHURCH (4) OTHER ASSEMBLY INESS (6) IONAL (GRADES 1-12) (7) DAY CARE FACILITY	Y (8	RESIDEN RESIDEN H B C B C B C B C B C B C B C B C C B C B C B C C B C B C C B	ICANTILE (15) ITIAL OTEL, MOTEL (16) IULTI-FAMILY (17) OCA TWO FAMILY (18) ABO TWO FAMILY (19) OCA SINGLE FAMILY (2)	P H — — — — — — — — — — — — — — — — — —	MOTOR FUEL SERV BEPAIR GARAGE UBLIC UTILITY PM
	Structural (check Frame	that applicable)				Exterior (Check the	·		
[Steel (1) Masonry (2)	Concrete (3) Wood (4)	□ Ot	her (5), Identify:		Walls Steel (1) Masonry (2)	Concrete (3) Wood (4)		Other (5), Identify:
_	Are any structura	assemblies fabrica	ated off-site	e? ☐ Yes ☐] N	No			
St	reet Frontage (Feet)		Storie	s (Number)			Lot Area (Sq. feet)		
	ont Setback (Feet)		Bed I	Rooms (Number)			Building Area (Sq. feet)		
Re	Rear Setback (Feet)			laths (Number)			Parking Area (Sq. feet)		
Le	ft Setback (Feet)		Partia	l Baths (Number)		Living Area (Sq. feet)			
Rig	ht Setback (Feet)		Garag	es (Number)		Basement Area (Sq. feet)			
Не	ight Above Grade (F	eet)	Windo	ws (Number)		Garage Area (Sq. feet)			
Ne	w Residential Units	(Number)	Firepla	aces (Number)		Office/Sales (Sq. feet)			
i	sting Residential Un		Enclos	sed Parking (Numbe	r)		Service (Sq. feet)	······································	
Ele	vators / Escalator (N	umber)	Outsid	e Parking (Number)			Manufacturing (Sq. feet)		
Est	. Start	/	Est, F	Inlsh		//_	Building Est. Value \$	***************************************	
**************************************			CTRICAL	. PERMIT APPL	IC.	ATION		Wo	rk 🗆 Yes 🗀 No
108	al ServiceAMF	Number of Circle R DEVICES		OUTPUT// OAD	RE.	T	lumber of Service Outlets:		110V220V
1		TOE VIOLO	INO.	OUTPUT/LOAD		POWER	DEVICES	No.	OUTPUT/LOAD
2					7				
3					.8.				
4					9			-	
5					10	:			
6									
Utilit	y Service Revisions:				ıot	tal Number of Motors			
Est.	Start	_//	Est. Fir	nish	/	/	Electrical Work Est. Value \$	************	

	7. PLUMBING PERMIT APPLICATION	N	Plumbing Work	Yes 🗌 l
	Enter the Number of Fixtures Being Installed	d, Replaced or	Repaired	
Tubs/Showers	Drinking Fountains		Back Flow Preventers	
Shower Stalls	Floor Drains		Water Pumps	
Lavatories	Water Heaters		Roof Openings	
Toilets	Water Softeners		Parking Lot Drains	
Urinals	Sewage Ejectors		Inside Downspouts	
Sinks	Sump Pumps		Swimming Pools	
Laundry Tubs	Grease Traps	-	Standpipes (Y/N)	
Dishwashers	Bidets		(Number Hose Outlets) Fire Sprinklers (Y/N)	
Garbage Disposals			Lawn Sprinklers (Y/N)	
			(Number of Heads) Total Fixtures	
Public Water (Y/N)	Public Sewer (Y/N)		Total rixtures	
Water Service Size	IN. Water Meter Size	,	Ava Deile Man	
Utility Service Revisions:		IN.	Avg. Daily Water Use	GPD
Est. Start /	/ Est. Finish /	/	Plumbing Work	
8.	MECHANICAL PERMIT APPLICATION	/	Est. Value \$	
	Enter Number of New or Replacer	ment Unite	Mechanical Work 🗌	Yes 🗌 N
Forced Air Furnace	Incinerator	iont omis	A'. II III	T
Unit Heater	Boiler		Air Handling Unit	
Gas/Oil Conversion	Coil Unit		Heat Pump	
Space Heater	Window A/C Unit		Air Cleaner	
Gravity Furnace	Split System A/C		Kitchen Exhaust Hood	
Solid Fuel Appliance	A/C Compressor		Hazardous Exhaust System	
Utility Service Revisions:	7.00 compressor		Electric Furnace	
Type of Heating Fuel: (Check One) Gas (1)				
(Check One) Gas (1) Est. Start / /	Oil (2) Electric (3)	Coal (4)	Wood (5) Other (6)
Lot. Olait	Est. Finish//		Mechanical Work Est. Value \$	
Permit Type:	9. OTHER REQUIRED PERMIT API	PLICATION(S	5)	
Description of Work:				
		,		
		The state of the s		
st. Start///	Est. Finish / /	l e	st. Value \$	

10. SITE PLAN



	PAGE	S 5 AND 6	ARE FOR D		MENT USI	E ON	LY
Application Received:	/ /						
Application Reviewed:	/ /						
By:							
Data Entry: / /					}		
Ву:						1	
			LOODPLAIN E			,	
FLOOD MAP NUMBER	& DATE		LOWE	ST FLC	OR FLEVAT	ion.	
			ONING PLAN E				
ZONING DISTRICT							
LOT AREA (From Page	۵)		MAP 1	NUMBEI	7		
OT AREA PER ROOM	۷)		LOT C	OVERA	GE (%)		
OFF STREET PARKING	CDAOEO I		ENCR	OACHM	ENTS		
LOADING SPACE	SPACES, I	REQUIRED	PROV	IDED			
LOADING SPACE SIGNS: NUMBER			0175.7	25.540		·····	
PLANNING COMMISSIO	V APPROV	AL REOLURED			-		
BOARD OF ZONING API	PEALS APE	PROVAL REOLI	IDED				
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			PLAN REVIEW		, ,		
Plans Review Required	Check	Plan Review Fee	Date Plans Started	Ву		Ву	Notes
BUILDING		\$			Approved		
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
TOTAL		\$	TO BE ENTE	FRED O	N DART 10		

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	Ву	Permit or Approval	Check	Date	I	T
BOILER		- OSIGINOG		 		CHECK	Obtained	Number	Ву
CURB OR SIDEWALK CUT				-	PLUMBING				
ELEVATOR					ROOFING				
					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				<u> </u>
GRADING									<u> </u>
OIL BURNER			·····		USE OF PUBLIC AREAS				
					DEMOLITION				
					DEMOCITION				

16.	PROJECT	DOCUMENTO				F 4.	: i :	-		
		DOCUMENTS	(DRA	WINGS	&	CAL	CUL	ATI	ON:	SI

DRAWINGS/REPORT	SUBMIT	TTED	NTS (DRAWINGS & CA SIGNED AND SEALED	DATE		REVISION
Site Plan	☐ Yes	□ No		DATE		DATE
Soil Report	☐ Yes	□ No	☐ Yes ☐ No			
Architectural Drawings	☐ Yes	□ No	☐ Yes ☐ No			
Structural Drawings	Yes	□ No	☐ Yes ☐ No			
Mechanical Drawings			☐ Yes ☐ No			
Electrical Drawings	☐ Yes ☐ No		☐ Yes ☐ No			
Job Specifications			☐ Yes ☐ No			
Structural Connect. Drwngs.	☐ Yes [□ No │	☐ Yes ☐ No			
Structural Calculations		□ No □	☐ Yes ☐ No			
Special Inspection Data	∐ Yes [∐ No │	☐ Yes ☐ No			
Sprinkler Drawings	☐ Yes ☐] No	☐ Yes ☐ No			
Sprinkler Calculations	☐ Yes ☐] No	☐ Yes ☐ No			
, and odiodidions	Ll Yes [] No	☐ Yes ☐ No			
						,
	17. (OTHER DF	PARTMENT APPROVAL		· · · · · · · · · · · · · · · · · · ·	
Signature		Date		Signature		
ire			Health and	oignature		Date
ublic /orks			Sanitation			
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Bldg	Permit	Number	•
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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 Pen Law, Act 44 of 1993:	nsylvania Workers' Compensation
	yes no	
••••	If the answer is "yes", complete Sections B and	C below as appropriate.
В.	INSURANCE INFORMATION Name of Applicant Federal or State Employer Identification No.	······································
	Applicant is a qualified self-insurer for workers Certificate attached	' compensation.
	Name of Workers' Compensation Insurer	
	Certificate attached	
	Policy Expiration Date	••••••

OTHER SIDE TO BE COMPLETED ALSO, Page 2 of this statement

(to b	PRKERS' COMPENSATION INSURANCE be included with Building Permit Application Suant to Act 44 Commonwealth of Pennsylvania	
Page	e 2	•
 С.	EXEMPTION	······································
	Complete Section C if the applicant is providing workers' compensation insura	is a contractor claiming exemption from ance.
	The undersigned swears or affirms that compensation insurance under the Compensation Law for one of the follow	he/she is not required to provide worker's provisions of Pennsylvania's Workers' ving reasons, as indicated:
	FROM EMPLOYING ANY IN	NTRACTOR PROHIBITED BY LAW NDIVIDUAL TO PERFORM WORK NG PERMIT UNLESS CONTRACTOR NCE" TO THE TOWNSHIP.
	Religious exemption under the Wor	rkers' Compensation Law.
ALL	APPLICATIONS <u>MUST</u> BE NOTARIZE	D IN ORDER TO BE ACCEPTED.
Subs	cribed and sworn to before me this	
	day of2	0
	(signature of Notary Public)	
		Signature of applicant Address
		County of Chester Highland Township

DEF/maf

Revised: 29 March 2001 Original issue 8/31/93

CROSS SECTION SUBMITTAL

(A) Coiling Insulation:	
Type R value	
(B) Rafters/Trusses	Min 1" Ventilation Gap
Туре	
Spacing	Roof Pitch ()
•	Moh
© Roof Sheathing	
TypeThickness	
(D) Roof Underlayment	(E)
Туре	100000000
	000000000
E Roof Covering	
Турв	
Maria II II	
(F) Wall Insulation	
Type R value	
(G) Wall Framing	
Stud Size Spacing	H
Турс	
(H) Wall Sheathing	
TypeThickness	
(J) SIII Plate Anchor	
Type Specing	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Spacing	
(Ĩ) Sub-Floor Sheathing	
Type Thickness	
	Grode
(K) Floor Joist/Truss	M
Type 5pan	
. Spacing	N
(T) == 1.12	The state of the s
E Foundation	
TypeThickness	
M Foundation Waterpropfing system	
Type	
The state of the s	
N Floor	Filter Drain Membrane — \
Type Thickness	Suitable Backfill Material
(O) 54	
(O) Footer	
Typo Thicknoss Width	