

# Earl Township

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517 North Railroad Avenue  
New Holland, PA 17557  
(717) 354-0773 - Fax (717) 355-0599

## NOTICE TO ALL PERMIT APPLICANTS...

ANY PERMIT APPROVAL ISSUED BY THE ZONING OFFICER IS BASED UPON INFORMATION PROVIDED BY THE APPLICANT. THE TOWNSHIP HAS NOT PERFORMED A TITLE SEARCH AND HAS NOT DETERMINED WHETHER THE PROPOSED CONSTRUCTION ENCROACHES INTO ANY EASEMENTS OF RECORD.

THE APPLICANT IS ASSUMING ALL RISKS THAT THE HOLDER OF AN EASEMENT, IN EXERCISING RIGHTS UNDER ITS EASEMENT, MAY DAMAGE OR REMOVE THE IMPROVEMENTS AUTHORIZED BY THIS PERMIT. IF THE HOLDER OF ANY EASEMENT, INCLUDING, BUT NOT LIMITED TO THE TOWNSHIP, EXERCISES RIGHTS UNDER SUCH EASEMENT AND DAMAGES OR DESTROYS IMPROVEMENTS AUTHORIZED BY THIS PERMIT, THE TOWNSHIP SHALL HAVE NO LIABILITY.

ANY CHANGES TO ANY EXISTING STORM WATER MANAGEMENT FACILITIES MUST COMPLY WITH ALL APPLICABLE TOWNSHIP ORDINANCES REGULATING EARTH DISTURBANCE AND STORM WATER MANAGEMENT, AND IT IS THE APPLICANT'S RESPONSIBILITY TO IDENTIFY ALL STORM WATER MANAGEMENT FACILITIES AND TO PRESERVE AND MAINTAIN SUCH FACILITIES UNLESS THE APPLICANT OBTAINS THE NECESSARY APPROVALS TO ALTER STORM WATER MANAGEMENT FACILITIES.



# EARL TOWNSHIP

PERMIT # \_\_\_\_\_

DATE OF RECEIPT: \_\_\_\_\_

## APPLICATION FOR ZONING/RESIDENTIAL PERMIT

Applicant's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_

If lot is shown on a recorded subdivision plan, indicate the name of the plan and the book, volume, and page number of the recorded plan: \_\_\_\_\_

Description of New Structure or Modification: \_\_\_\_\_

Structure/Modification will contain \_\_\_\_\_ square feet and a height of \_\_\_\_\_ from grade to the highest point.

Dimension: \_\_\_\_\_. Value of the Completed Structure or Modification: \_\_\_\_\_  
(Excluding land)

Proposed Use: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Contractor's PA Registration No: \_\_\_\_\_

### PROVIDE THREE (3) SETS OF PLOT PLAN WHICH CLEARLY SHOW...

1. The dimensions and shape of the lot to be built upon.
2. The location and dimensions (length & width) of all existing buildings on the lot.
3. The location and dimensions (length, width, & height) of all proposed buildings or additions to buildings and off-street parking and/or loading facilities.
4. The setback dimensions for all proposed buildings or additions to buildings, measured from the side and rear property lines and the abutting street centerline.
5. The location of sanitary sewer and water supply facilities.
6. A statement indicating the existing and proposed use.
7. Altering or constructing a new driveway requires completing a driveway permit application.
8. \$200.00 non-refundable deposit required for residential applications submitted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

### FOR ZONING OFFICERS USE ONLY

This application is:    Approved ( )    Denied ( )

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Officers Signature

Comments: \_\_\_\_\_

Deposit Paid: \_\_\_\_\_ Zoning Permit Fee: \_\_\_\_\_ Inspection Fees: \_\_\_\_\_ Admin: \_\_\_\_\_

Total Fee Due: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Tax Map Number: \_\_\_\_\_

**Earl Township  
Contractor Listing**

Permit No. \_\_\_\_\_

Site Address \_\_\_\_\_

**General Contractor**

Business Name		
Contact	Telephone	
Address		
City	State	Zip
Fax	Mobile	Pager

**Electrical Contractor**

Business Name		
Contact	Telephone	
Address		
City	State	Zip
Fax	Mobile	Pager

**Plumbing Contractor**

Business Name		
Contact	Telephone	
Address		
City	State	Zip
Fax	Mobile	Pager

**HVAC Contractor**

Business Name		
Contact	Telephone	
Address		
City	State	Zip
Fax	Mobile	Pager

**Workers' Compensation Insurance Coverage Information**  
*(attach to building permit application)*

**A. The applicant is**

A contractor within the meaning of the Pennsylvania Workers' Compensation Law  
☐ Yes ☐ No

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

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**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 \_\_\_\_\_

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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 workers' 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.

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

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

(seal)

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

Address \_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

# **EARL TOWNSHIP**

## **PA UNIFORM CONSTRUCTION CODE INSPECTION AGENCY INFORMATION SHEET**

Earl Township allows the selection of one of the following four (4) inspection agencies for residential and commercial projects.

**Please initial and date your selection of Inspection agency you wish to utilize.**

_____	ASSOCIATED BUILDING INSPECTIONS, INC <u><a href="http://www.weknowcodes.com">www.weknowcodes.com</a></u>	717-733-1654
_____	CODE ADMINISTRATORS, INC <u><a href="http://www.codeadministrators.com">www.codeadministrators.com</a></u>	717-859-3350
_____	COMMONWEALTH CODE INSPECTION SERVICE, INC <u><a href="http://www.codeservices.net">www.codeservices.net</a></u>	717-664-2347
_____	TECHNICON ENTERPRISES, INC <u><a href="http://www.technicon2.com">www.technicon2.com</a></u>	610-286-1622

A Zoning/Building Permit Applications must be completed and three sets of construction plans shall be attached and submitted to the Municipal Office along with the appropriate non-refundable deposit. A plot plan must also be provided. The submitted plans will be reviewed by the selected agency for completeness and code compliancy, after which the applicant will be notified of deficiencies and/or when the Permit is available for issue along with the applicable fees. The inspections shall be scheduled directly between the owner/contractor and the inspection agency. After all work is properly completed and inspected the Certificate of Occupancy will be issued.

**EARL TOWNSHIP ADOPTED NEW STORM WATER ORDINANCE**

**ON MAY 5, 2014**

(STATE MANDATED REGULATION)

THIS NEW MANDATE REQUIRES THAT ALL NEW IMPERVIOUS AREAS CREATED MUST BE DOCUMENTED AND THE RESULTING STORM WATER RUNOFF MANAGED PER REGULATIONS. THE FOLLOWING LEVELS OF STORM WATER MANAGEMENT HAVE BEEN CREATED TO ASSIST OUR RESIDENTS WITH THE REGULATIONS:

NEW IMPERVIOUS OF UP TO 1, 000 SQUARE FEET MAY UTILIZE AN EXEMPTION (ONE TIME EXEMPTION ACCUMULATIVE TO THE 1,000 SQUARE FEET) AND THE EXEMPTION APPLICATION SHALL BE EXECUTED AND SUBMITTED FOR APPROVAL BY THE TOWNSHIP.

NEW IMPERVIOUS OF 1 TO 4,999 SQUARE FEET MAY UTILIZE THE SMALL PROJECT APPLICATION FOR SMALL PROJECT STORM WATER MANAGEMENT TO BE SUBMITTED AND APPROVED BY THE TOWNSHIP.

NEW IMPERVIOUS OF 5, 000 SQUARE FEET AND OVER SHALL PLAN FULL STORM WATER MANAGEMENT PER THE CURRENT EARL TOWNSHIP STORM WATER ORDINANCE AND SUBMIT FOR REVIEW AND APPROVAL BY THE TOWNSHIP.

## **APPENDIX A-1**

### **EXEMPTION APPLICATION**

Date Received \_\_\_\_\_ File Number \_\_\_\_\_ Property Act # \_\_\_\_\_  
Submitted Fees \$ \_\_\_\_\_ Approval of Application Date \_\_\_\_\_

Project Street Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone # / Fax # / E-mail: \_\_\_\_\_

Person/Firm to be completing work: \_\_\_\_\_

Phone # / Fax # / E-mail: \_\_\_\_\_

#### **Proposed Activity:**

Are you removing existing impervious as part of this project?

☐ No

☐ Yes, Total area of existing impervious to be removed \_\_\_\_\_ sq. ft.

☐ Removal of ground cover, grading, filling, or excavation of an area (1,000 square feet or less)

• Total area of land disturbance: \_\_\_\_\_ sq. ft.

Type of Regulated Activity (check all that apply): ☐ Removal of ground cover,

☐ Grading, ☐ Filling, ☐ Excavation, ☐ Other earth disturbance activity (please describe)

☐ Addition of Impervious Surface (1,000 square feet or less)

• Total new impervious surface proposed \_\_\_\_\_ sq. ft.

Type of new impervious surface: ☐ driveway, ☐ shed, ☐ garage, ☐ deck, ☐ walkway,

☐ other (please describe) \_\_\_\_\_

#### **Check all items below that will be impacted by the project:**

☐ Floodplain

☐ Wetlands

☐ Slopes greater than 15%

☐ Known bedrock within 6 feet of the ground surface

☐ Riparian forest buffer

☐ Natural water flow paths (creeks, streams, ponds, swales, etc.)

☐ Existing known stormwater problem areas

☐ Downstream property owners

#### **Sketch**

Provide a sketch of the proposed additional impervious area or land disturbance.



**APPENDIX A-2**

**SMALL PROJECT APPLICATION**

File Number \_\_\_\_\_

Date Received \_\_\_\_\_

Submitted Fees \$ \_\_\_\_\_

Approval of Application Date \_\_\_\_\_

Project Street Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Owner's Name and Address: \_\_\_\_\_

Phone # / Fax # / E-mail: \_\_\_\_\_

Please list the date of any previous Minor Land Disturbance or Small Project Applications for the subject property:

\_\_\_\_\_

**Proposed Activity:**

☐ Removal of ground cover, grading, filling or excavation of an area less than 5,000 square feet

Total area of land disturbance: \_\_\_\_\_ sq. ft.

Type of Regulated Activity (check all that apply):

- ☐ Removal of ground cover
- ☐ Grading
- ☐ Filling
- ☐ Excavation
- ☐ Other earth disturbance activity (please describe)

\_\_\_\_\_

☐ Addition of Impervious Surface (more than 1,000 SF but less than 5,000 SF)

Type of new impervious surface: ☐ driveway, ☐ shed, ☐ garage, ☐ deck, ☐ walkway,

☐ other (describe) \_\_\_\_\_

Total new impervious surface proposed for construction: \_\_\_\_\_ sq. ft.

Are you removing existing impervious as part of this project?

☐ No

☐ Yes – Total area of existing Impervious to be removed \_\_\_\_\_ sq. ft.

**Check all items below that will be impacted by the project:**

- ☐ Mature trees
- ☐ Sinkholes
- ☐ Water wells
- ☐ Septic drainfields
- ☐ Alternate septic drainfields
- ☐ Creeks, streams, wetlands, or ponds
- ☐ Existing stormwater management facility (basin, swale, etc.)
- ☐ Easements

**Total runoff volume to be permanently removed/managed on site from attached calculation worksheet:** \_\_\_\_\_ gallons or \_\_\_\_\_ cubic feet

**Proposed Stormwater Management Controls (Best Management Practice):**

- ☐ Rain Garden
- ☐ Infiltration Trench
- ☐ Cistern
- ☐ Rain Barrel
- ☐ Other (describe) \_\_\_\_\_

**Sketch**

Provide a sketch of the proposed additional impervious area or land disturbance. Include the following on the sketch:

- Property boundary
- Location and approximate footprint of existing structures (buildings, patios, driveways, etc.)
- Approximate location of any of the following features which will be impacted by the project:
  - Mature trees
  - Sinkholes
  - Water wells
  - Septic drainfields
  - Alternate septic drainfields
  - Creeks, streams, wetlands, ponds
  - Existing stormwater management facilities (basins, swales, etc.)
- Location and approximate footprint of proposed impervious area or land disturbance.
- Approximate footprint and location of all structures on adjacent properties if located within 50 feet of the proposed impervious area or land disturbance
- Location and description of proposed stormwater management facilities (e.g., rain gardens, swales, rain barrels, etc.)
- Direction of proposed stormwater discharge (e.g., with arrows)
- Scale and North arrow

**Person/Firm to be completing work:** \_\_\_\_\_

**Phone # / Fax # / E-mail:** \_\_\_\_\_

Name of Person Submitting this Application: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

10/10/10

### **Small Project Application Calculation Worksheet**

The applicant may use the following to calculate the amount of runoff which must be managed in accordance with § 17-302B of this chapter.

Project Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Proposed Additional Impervious Area: \_\_\_\_\_ square feet

#### **Impervious Area Calculations**

Calculate the amount of runoff to be permanently removed (managed on site through reuse, evaporation, transpiration or infiltration):

Additional impervious area ÷ 12 = Permanently Removed Runoff Volume (PRV)

\_\_\_\_\_ square feet of additional impervious ÷ 12 = \_\_\_\_\_ cubic feet PRV

\_\_\_\_\_ cubic feet x 7.48 gallons per cubic foot = \_\_\_\_\_ gallons PRV

**EXAMPLE**  
**Small Project Application Calculation Worksheet**

Landowner Name: Jane Doe (20 x 45' garage)

Owner Name: Jane Doe

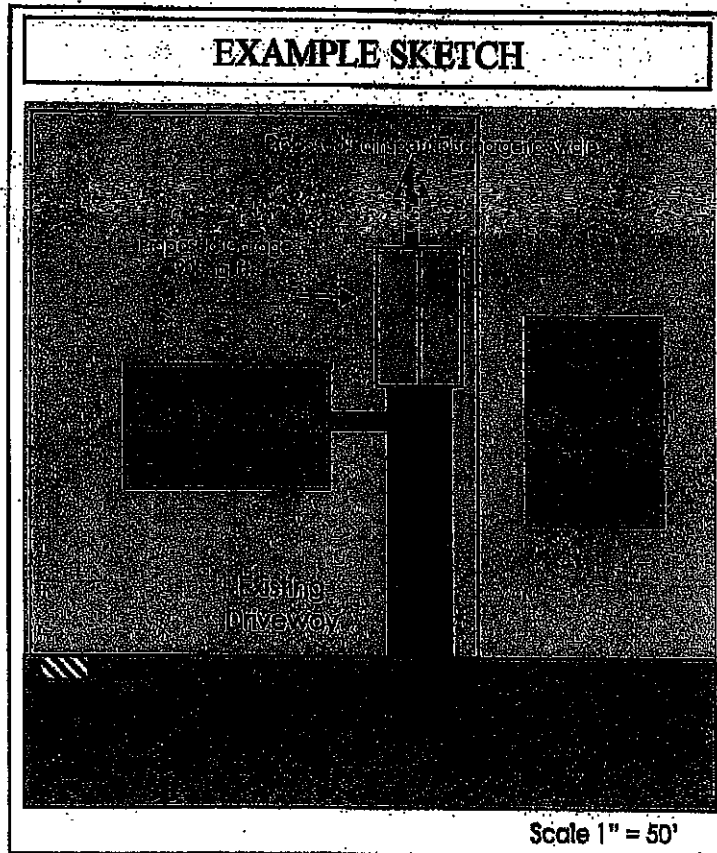
Proposed Additional Impervious Area: 900 square feet

**Impervious Area Calculations**

Calculate the amount of runoff to be permanently removed (managed on site through reuse, evaporation, transpiration or infiltration) using the following formula:

*Additional Impervious area ÷ 12 = Permanently Removed Runoff Volume (PRV)*

900 square feet of additional impervious ÷ 12 = 75 cubic feet PRV  
75 cubic feet x 7.48 gallons per cubic foot = 561 gallons PRV



## **Small Projects Guide-Sample Operation & Maintenance Plan**

### **Construction:**

1. Install erosion and sedimentation control facilities.
2. Stormwater Management Facility (ies) shall be installed before impervious areas are completed. If earthwork is involved during the construction of the impervious area, then extreme caution shall be taken so that sediment does not wash into the SWM Facility (ies).
3. Mark the locations of the SWM facility (ies).
4. Excavate the SWM Facility to the required depth. Contact municipality for inspection prior to filling. If standing water is encountered, a SWM Site Plan may need to be submitted; contact Municipal Engineer. All excavated materials shall be removed from the site or stabilized.

#### **For stone Infiltration Structures**

5. Line excavation with Geotextile.
6. Backfill SWM facility with required stone. If required: Install piping, cleanouts and associated facilities as detailed.
7. If required: Close geotextile material over stone bedding.
8. If required: Place topsoil over trench.
9. Stabilize and seed all disturbed areas.

#### **For Rain Gardens**

10. Place topsoil over excavated area.
11. Install plantings as shown on the plan.
12. Stabilize and seed all disturbed areas.

### **Maintenance:**

1. The SWM facility shall be checked regularly to ensure that no standing water exists in the facility 3 days after a rain event. If water is encountered, the facility may need to be modified. Notification of the municipality is required if facility is not functioning before any modifications are made.
2. Monitor the SWM facility to ensure that no sediment, grass clippings, leaves, and other similar accumulations occur on top of, and/or within, the SWM Facility.
3. Homeowner to submit an inspection report to the Township one year after construction and every 3<sup>rd</sup> year thereafter.

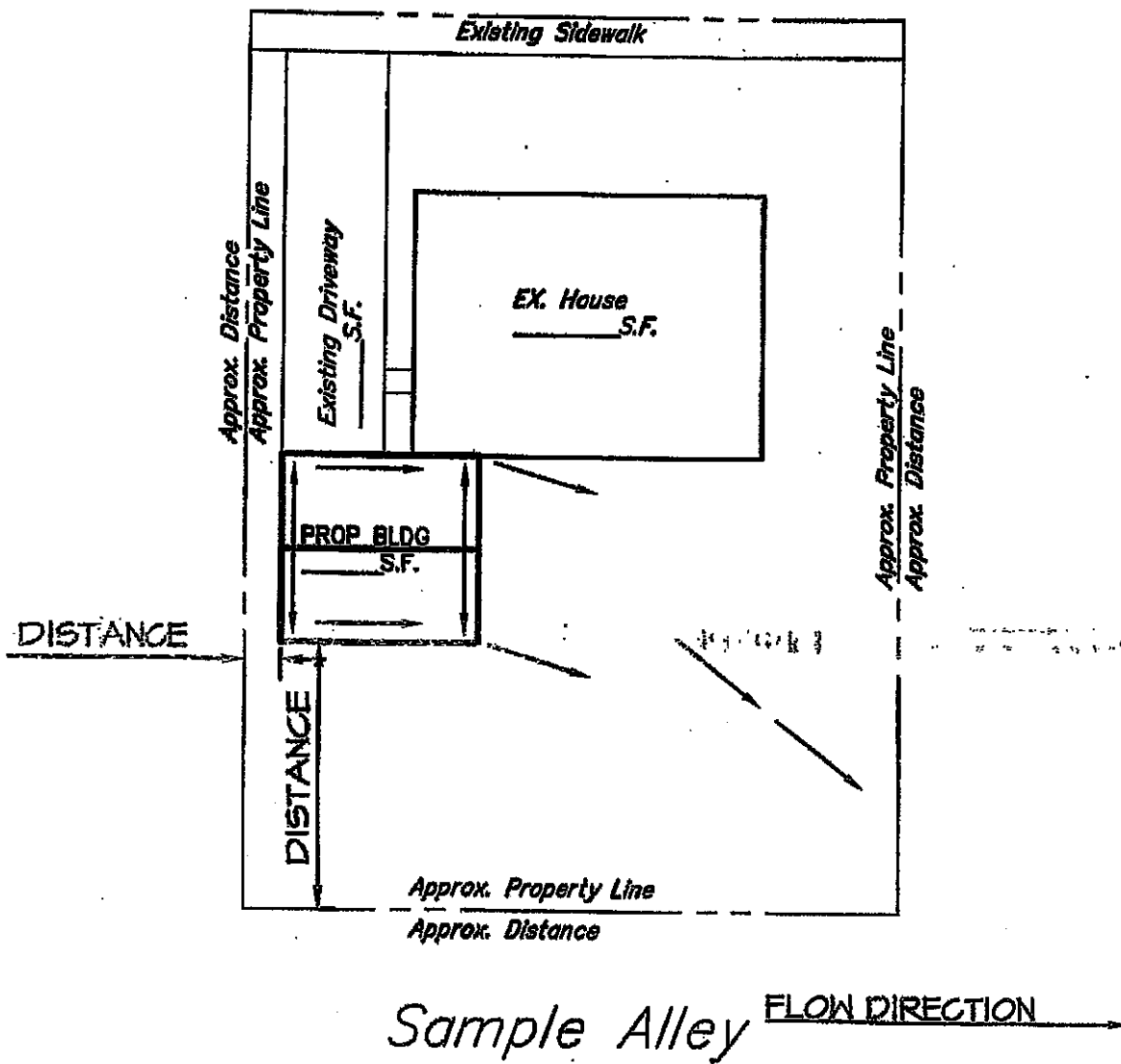
I have read and agree to the above Operation and Maintenance Plan. I, as the property owner, am responsible for the proper construction and operation and maintenance for the SWM Facilities. If I fail to adhere to any of these tasks, the Township may perform the services required and charge the appropriate fees. Nonpayment of the fees may result in a lien against my property.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Main Street



EARL TOWNSHIP

ATTACHMENT I SAMPLE SKETCH/SITE PLAN

JOB NUMBER



143 SOUTH BROAD STREET  
LITITZ, PA 17548

(717) 626-7271 FAX (717) 626-7040  
e-mail: eal@ealgroup.com

ENGINEERS & LANDSCAPE ARCHITECTS

SCALE:

N.T.S.

DRAWN BY:

DATE:

2014

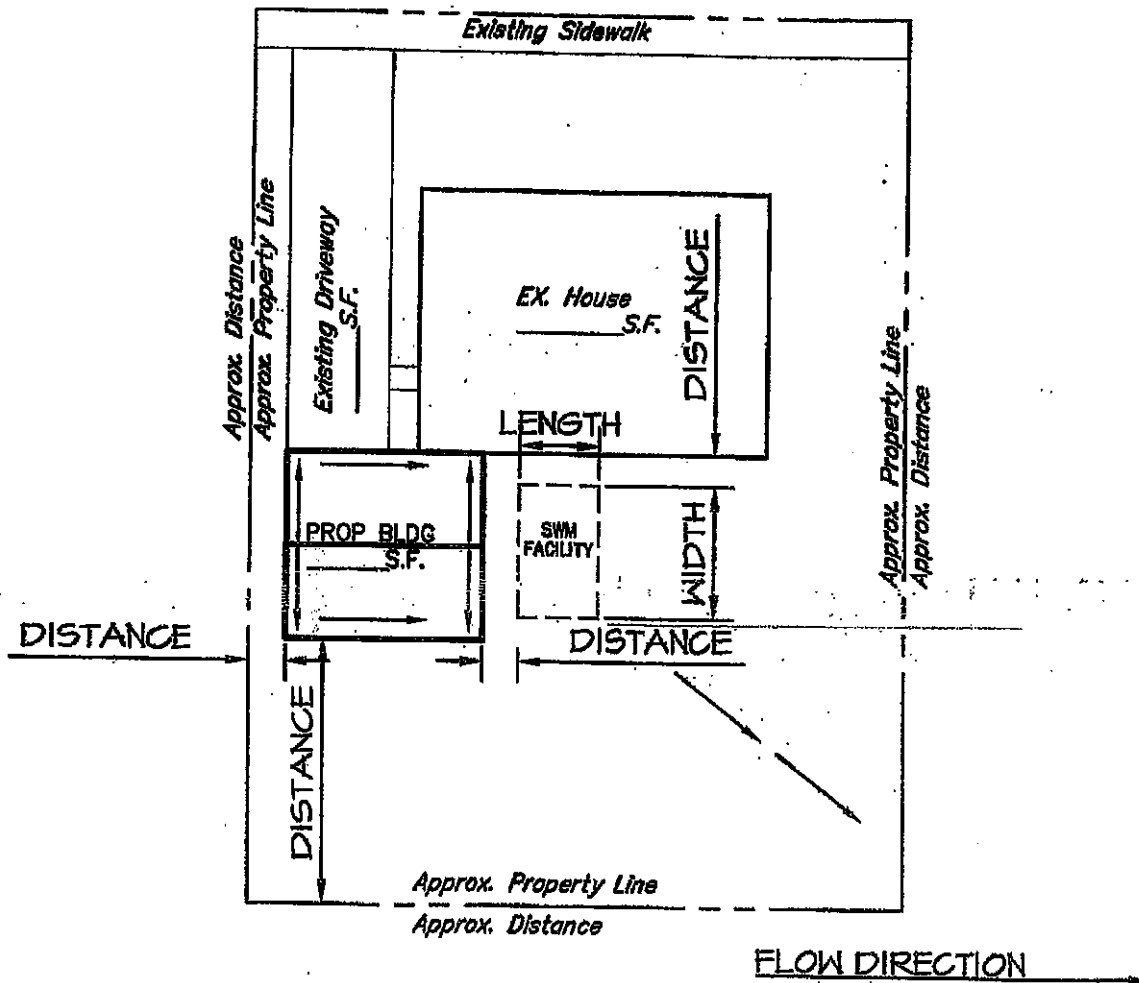
DRAWING:

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SKETCH:

1 OF 1

Main Street



Sample Alley

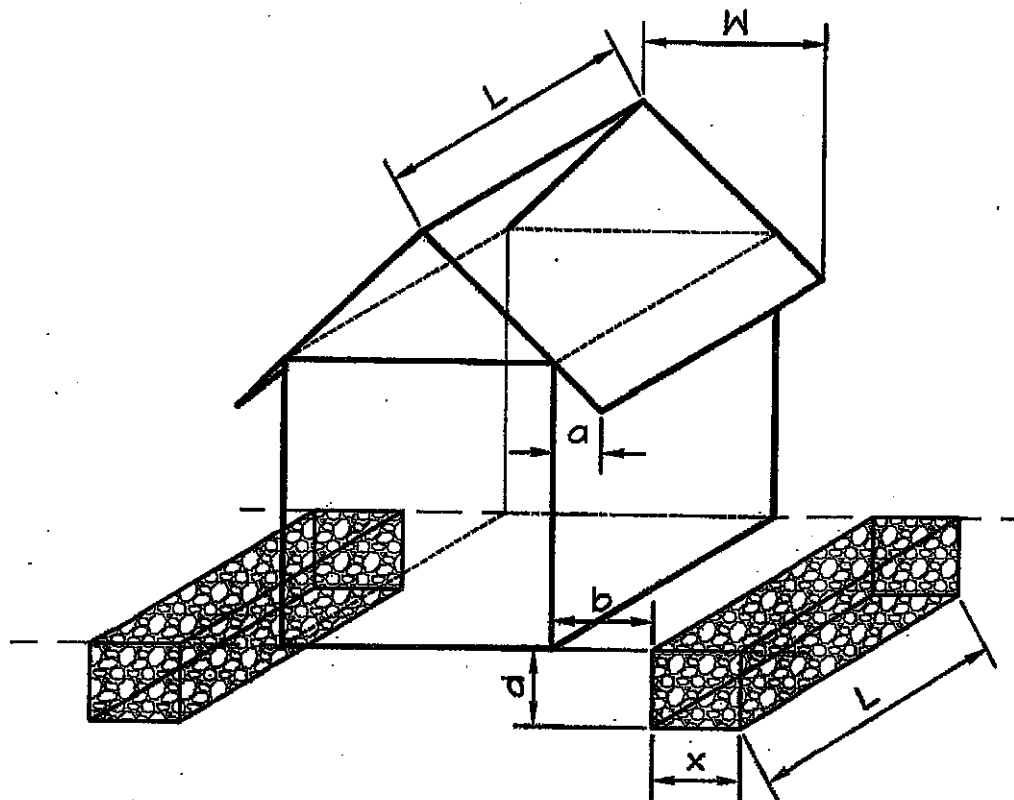
**EARL TOWNSHIP**  
ATTACHMENT 2 SAMPLE SWM SITE PLAN

**Earl Inc.**  
743 SOUTH BROAD STREET  
LITITZ, PA 17543  
(717) 626-1211 FAX (717) 626-1040  
www.earlinc.com  
ENGINEERS & LANDSCAPE ARCHITECTS

SCALE: N.T.S.  
DRAWN BY:  
DATE: 2014

JOB NUMBER:  
DRAWING: N/A  
SKETCH:  
1 OF 1





#### KEY

- L = LENGTH OF STRUCTURE ROOF = LENGTH OF SEEPAGE TRENCH (FT)  
 W = WIDTH OF ONE SIDE OF THE ROOF (FT)  
 a = EAVE/OVERHANG (FT)  
 b = DISTANCE FROM STRUCTURE WALL TO SEEPAGE TRENCH (FT)  
 = a + 1 FT => PLACE FROM EDGE OF TRENCH ONE FOOT PAST EAVES  
 x = WIDTH OF SEEPAGE TRENCH (FT)  
 d = DEPTH OF SEEPAGE TRENCH (FT)

REQUIRED VOLUME OF TRENCH  $\Rightarrow L \cdot W \cdot 1/12 = L \cdot x \cdot d \cdot 0.4 \Rightarrow x = 0.14W$  for  $d = 1.5'$

Ratio: 3.6 to 1  
(IMPERVIOUS TO INFILTRATION)

#### NOTES

- 1.) TRENCH MUST BE PROVIDED ON EACH SIDE OF STRUCTURE.
- 2.) SIDE AND BOTTOM OF TRENCH TO BE WRAPPED IN CLASS 1 GEOTEXTILE.
- 3.) TRENCH TO BE FILLED WITH CLEAN STONE (3/4" MIN. SIZE).
- 4.) TRENCH TO BE CONSTRUCTED AT 0% SLOPE ON UNDISTURBED SOIL.
- 5.) TRENCH TO BE CHECKED REGULARLY TO MAINTAIN PROPER OPERATION

## EARL TOWNSHIP

### ATTACHMENT 3 STORMWATER MANAGEMENT STRUCTURES WITHOUT GUTTERS

JOB NUMBER:

-



143 SOUTH BROAD STREET  
 LITITZ, PA 17543  
 (717) 626-7121 FAX (717) 626-7040  
 www.ealogroup.com

ENGINEERS & LANDSCAPE ARCHITECTS

SCALE:

N.T.S.

DRAWN BY:

DATE:

2014

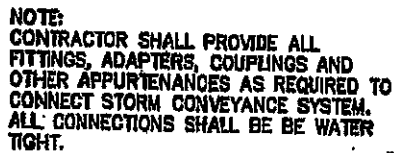
DRAWING:

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SKETCH:

1 OF 1





**JOB NUMBER**

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**DRAWING**

NA

**SKETCH:**

2 OF 2

SCALE:

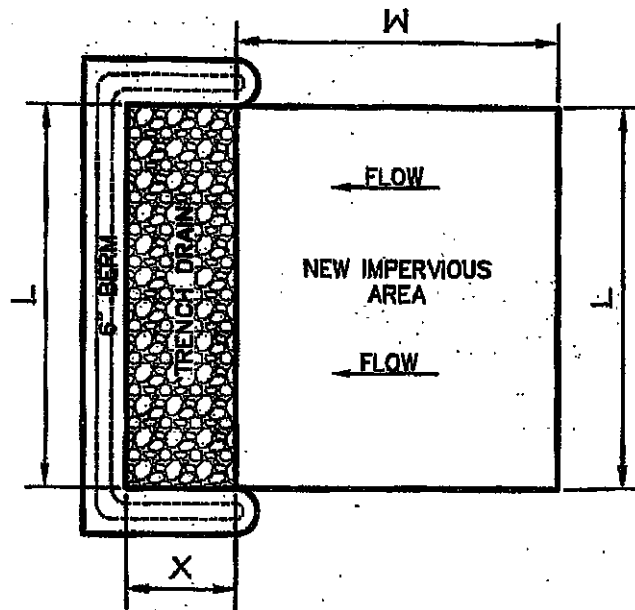
N.T.5.

**DRAWN BY:**

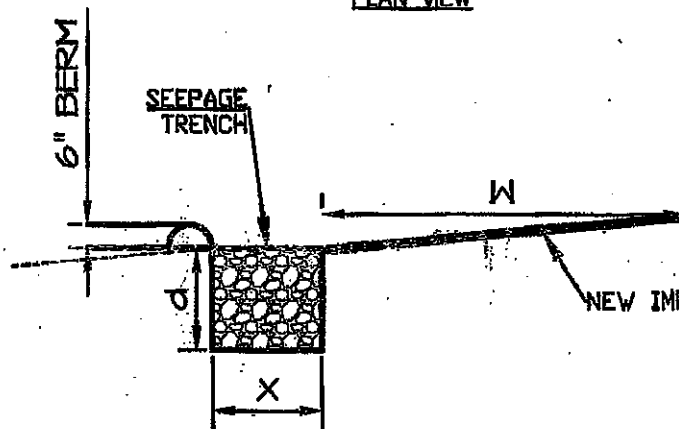
DATE:

2014

**748 SOUTH BROAD STREET  
LITITZ, PA 17343**  
(717) 626-7271 FAX (717) 626-7040  
[www.elagroup.com](http://www.elagroup.com)  
**ENGINEERS & LANDSCAPE ARCHITECTS**



PLAN VIEW



SECTION VIEW

**KEY**

- L = LENGTH OF NEW IMPERVIOUS SURFACE (FT) = LENGTH OF SEEPAGE TRENCH  
W = WIDTH OF NEW IMPERVIOUS SURFACE -MAY NOT EXCEED 75'  
X = WIDTH OF SEEPAGE TRENCH (FT)  
d = DEPTH OF SEEPAGE TRENCH (FT)

REQUIRED VOLUME OF TRENCH  $\Rightarrow L*W*1/12 = X*L*d*0.4 \Rightarrow X=0.14W$  FOR  $d=1.5'$

**NOTES**

- 1.) SIDE AND BOTTOM OF TRENCH TO BE WRAPPED IN CLASS 1 GEOTEXTILE
- 2.) TRENCH TO BE FILLED WITH CLEAN STONE (3/4" MIN. SIZE).
- 3.) TRENCH TO BE CONSTRUCTED AT 0% SLOPE ON UNDISTURBED SOIL.
- 4.) TRENCH TO BE CHECKED REGULARLY TO MAINTAIN PROPER OPERATION.

**EARL TOWNSHIP**

**ATTACHMENT 5 STORMWATER MANAGEMENT AT GRADE IMPERVIOUS**

JOB NUMBER:



743 SOUTH BROAD STREET  
LITITZ, PA 17543  
(717) 826-1121 FAX (717) 826-11040  
www.elgroup.com

**E&L inc.**  
ENGINEERS & LANDSCAPE ARCHITECTS

SCALE:

N.T.S.

DRAWING:

N/A

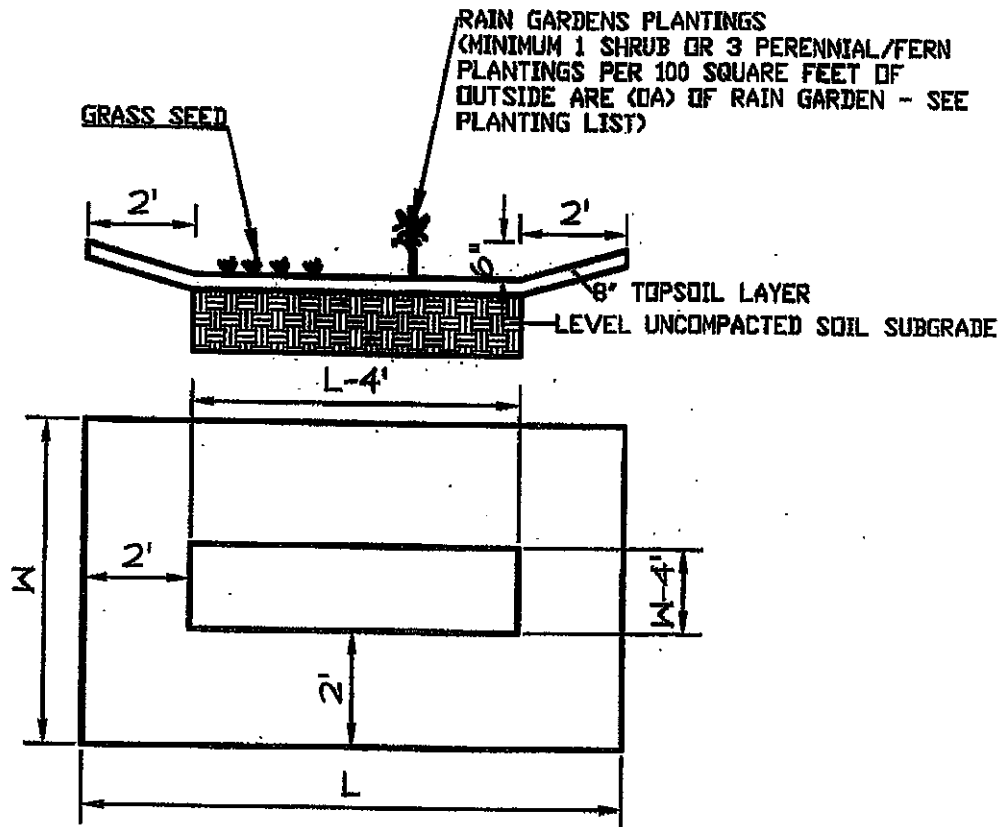
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SKETCH:

DATE:

2014

1 OF 1

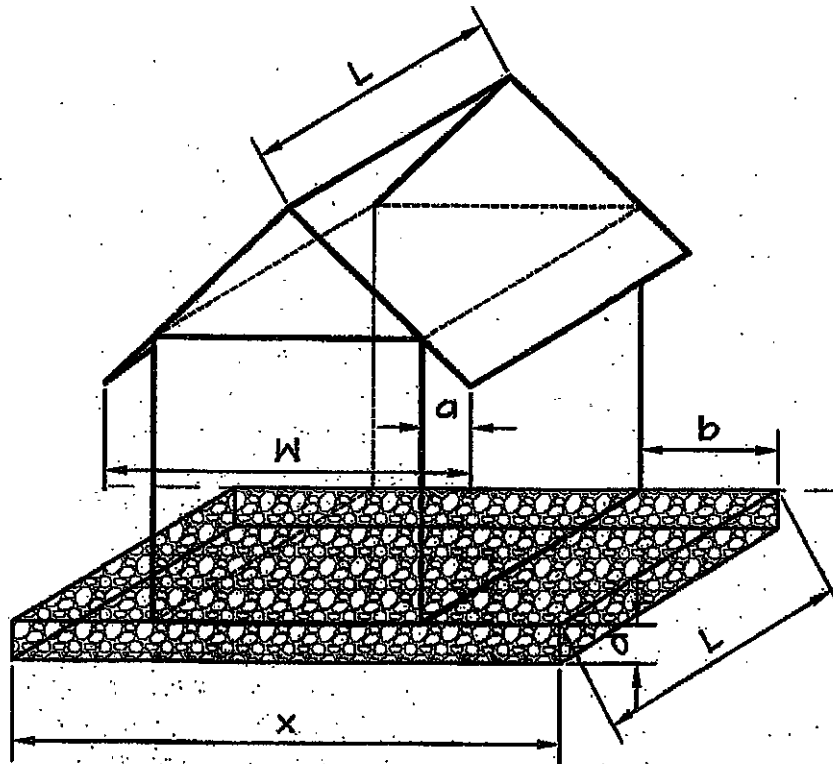


- 1.) CALCULATE REQUIRED RAIN GARDEN VOLUME (V)  
 $(RV) = \text{SQUARE FEET OF NEW IMPERVIOUS AREA} \times (0.085')$ 
RV= \_\_\_\_\_ FT<sup>3</sup>
- 2.) CALCULATE OUTSIDE AREA OF RAIN GARDEN (OA)  
 $(OA) = \text{LENGTH (L)} \times \text{WIDTH (W)}$ 
OA= \_\_\_\_\_ FT<sup>2</sup>
- 3.) CALCULATE INSIDE AREA OF RAIN GARDEN (IA)  
 $(IA) = [(L)-4'] \times [(W)-4']$ 
IA= \_\_\_\_\_ FT<sup>2</sup>
- 4.) CALCULATE AVERAGE AREA OF RAIN GARDEN (AA)  
 $(AA) = (OA)/2 + (IA)/2$ 
AA= \_\_\_\_\_ FT<sup>2</sup>
- 5.) CALCULATE STORAGE VOLUME (SV)  
 $(SV) = (AA) \times 0.5'$ 
SV= \_\_\_\_\_ FT<sup>3</sup>
- 6.) CHECK FOR ADEQUATE STORAGE  
 STORAGE VOLUME (SV) MUST BE GREATER THAN REQUIRED VOLUME (RV)  
 $RV = \text{_____ FT}^3 > SV = \text{_____ FT}^3$
- 7.) ADJUST RAIN GARDEN SIZE  
 IF STORAGE VOLUME (SV) IS NOT GREATER THAN REQUIRED VOLUME (RV), INCREASE THE SIZE  
 OF THE RAIN GARDEN AND REPEAT STEPS 2-6.

**EARL TOWNSHIP**  
**ATTACHMENT 6 RAIN GARDEN**

**IDA**  
 745 SOUTH BROAD STREET  
 LITITZ, PA 17543  
 (717) 625-1211 FAX (717) 625-1040  
 idainc.com  
 idainc.com  
**ENGINEERS & LANDSCAPE ARCHITECTS**

SCALE:	N.T.S.	DRAWING:
DRAWN BY:		N/A
DATE:	2014	SKETCH:
		1 OF 1



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- b = DISTANCE FROM STRUCTURE WALL TO SEEPAGE TRENCH (FT)  
= a + 1 FT => PLACE FROM EDGE OF TRENCH ONE FOOT PAST EAVES
- x = WIDTH OF SEEPAGE TRENCH (FT)  
x = W + 2FT
- d = DEPTH OF SEEPAGE TRENCH (FT)  
D = 6" TO 8" (AVERAGE)

#### NOTES

- 1.) TRENCH MUST BE PROVIDED ON EACH SIDE OF STRUCTURE.
- 2.) SIDE AND BOTTOM OF TRENCH TO BE WRAPPED IN CLASS 1 GEOTEXTILE.
- 3.) TRENCH TO BE FILLED WITH CLEAN STONE (3/4" MIN. SIZE).
- 4.) TRENCH TO BE CONSTRUCTED AT 0% SLOPE ON UNDISTURBED SOIL.
- 5.) TRENCH TO BE CHECKED REGULARLY TO MAINTAIN PROPER OPERATION

## EARL TOWNSHIP

### ATTACHMENT 7 STORMWATER MANAGEMENT STRUCTURES WITHOUT GUTTERS

JOB NUMBER:

DRAWING:

N/A

SKETCH:

1 OF 1

SCALE:

N.T.S.

DRAWN BY:

DATE:

2014



148 SOUTH BROAD STREET  
LITITZ, PA 17543

(717) 626-1211 FAX (717) 626-7040  
www.earlpa.com

ENGINEERS & LANDSCAPE ARCHITECTS

## Rain Garden Native Planting List

### **Perennials and Ferns**

Blue false indigo (*Baptista Australis*)  
Blue flag iris (*Iris Versicolor*)  
Blue star (*Amsonia tabernaemontana*)  
Blue vervain (*Verbena hastata*)  
Boltonia (*Boltonia asteroides*)  
Boneset (*Eupatorium perfoliatum*)  
Bottlebrush grass (*Hystrix patula*)  
Broomsedge (*Andropogon virginicus*)  
Cardinal flower (*Lobelia cardinalis*)  
Cinnamon fern (*Osmunda cinnamomea*)  
Culvers root (*Veronicastrum virginicum*)  
Golden ragwort (*Senecio aureus*)  
Goldenrod (*Solidago patula*, *S. rugosa*)  
Great blue lobelia (*Lobelia siphilitica*)  
Green bullrush (*Scirpus atrovirens*)  
Horsetail (*Equisetum species*)  
Marsh marigold (*Caltha palustris*)  
Mistflower (*Eupatorium coelestinum*)  
Monkey flower (*Mimulus ringens*)  
New England aster (*Aster novae-angliae*)  
New York aster (*Aster novae-belgii*)  
Obedient plant (*Physotegia virginiana*)  
Royal fern (*Osmunda regalis*)  
Seedbox (*Ludwigia alternifolia*)  
Sensitive fern (*Onoclea sensibilis*)  
Sneezeweed (*Helenium autumnale*)  
Soft rush (*Juncus effusus*)  
Swamp milkweed (*Asclepias incarnata*)  
Swamp rose mallow (*Hibiscus moscheutos*)  
Swamp sunflower (*Helianthus angustifolius*)  
Switchgrass (*Panicum virgatum*)  
Threadleaf coreopsis (*Coreopsis Verticillata*)  
Tussock sedge (*Carex stricta*)  
White turtlehead (*Chelone glabra*)  
Woolgrass (*Scirpus cyperinus*)

### **Shrubs**

American beautyberry (*Callicarpa americana*)  
Arrowwood (*Viburnum dentatum*)  
Black chokeberry (*Aronia melanocarpa*)  
Broad-leaved meadowsweet (*Spirea latifolia*)  
Buttonbush (*Cephalanthus occidentalis*)  
Elderberry (*Sambucus canadensis*)  
Inkberry (*Ilex glabra*)  
Narrow-leaved meadowsweet (*Spirea alba*)  
Ninebark (*Physocarpus opulifolius*)  
Possumhaw (*Viburnum nudum*)  
Red-osier dogwood (*Cornus sericea*)  
St. Johnswort (*Hypericum densiflorum*)  
Silky dogwood (*Cornus amomum*)  
Smooth alder (*Alnus serrulata*)  
Spicebush (*Lindera benzoin*)  
Swamp azalea (*Rhododendron viscosum*)  
Swamp rose (*Rosa palustris*)  
Sweet pepperbush (*Clethra alnifolia*)  
Wild raisin (*Viburnum cassinoides*)  
Winterberry (*Ilex verticillata*)  
Virginia sweetspire (*Itea virginica*)

## **Introducing Associated Building Inspections, Inc.**

Our group of code professionals can advise you on the requirements necessary to implement Act 45 and provide enforcement authority, utilizing a practical and common sense approach to the building Code.

All of our code professionals have worked in the construction trades, so in addition to their BOCA certifications they have the experience of familiarity with construction techniques. This diverse group of code professionals has various levels of expertise in many different construction disciplines. This allows our inspectors to consult with each other on any issues that may arise concerning interpretations.

Presently Associated Building Inspections provides services in the following counties:

Lancaster, Lebanon, Berks, Chester, York, Schuylkill, Perry, Cumberland  
and Dauphin

## **Company History**

Associated Building Inspections, Inc. was founded in 1994. Randy B. Maurer serves as President. ABI Inc. presently employs seven building inspectors, having a combined total of over fifty years of experience in the inspection industry. "Your safety is our priority," is the goal and motto of our organization. ABI Inc. was formed to provide a needed service to municipalities unable to justify the costs of hiring a full-time inspector in the new millennium.

Our President has 30 years of experience in the construction trades and has 21 years as a Code Official. He has numerous certifications from the Building Officials and Code Administrators, International Association of Electrical Inspectors, and the Industrialized Building Commission. He also holds an Associate in Electrical Engineering Degree from the Pennsylvania State University.



# *ASSOCIATED BUILDING INSPECTIONS, INC.*

P.O. Box 423 Ephrata, PA 17522-0423

Phone/Fax 717-733-1654

## Residential Permit Application Procedure Checklist

The website for ABI is [www.weknowcodes.com](http://www.weknowcodes.com)

There is a wealth of information on this site about permit applications. If you don't see it there please call, fax, or e-mail your questions to us.

- Do your plans show the design construction code.
- Have you provided information on plumbing, electrical, energy (insulation), and mechanical work to be done?
- Have you provided three complete sets of documentation?
- Your plans should be detailed enough that lumber types, sizes, spacing, are indicated.
- Your plans should provide documentation on any pre-engineered building members such as roof trusses, floor joist systems, or wall systems.
- Have you completed all zoning, land development, storm water management, highway occupancy, as well as water and sewer requirements?
- It is very important that you provide complete contact information for all persons who wish to receive copies of the plan reviews. Provide names, addresses, phone numbers, fax numbers and if possible e-mail addresses of all parties.

You can not provide too much detail but you can provide too little in order to do a thorough plan review. This checklist provides the minimum information required for permit submittal.

Do not submit the permit until you have provided all the required minimum submittal information. If you are unsure of your submittal please call or visit our website.



## UCC PLAN REVIEW CHECKLIST

This checklist must accompany permit applications for new building/structures, additions and renovation projects (those which exceed the scope of Alterations-Level 1)	
ALL INFORMATION MUST BE FILLED IN, CHECKED, OR MARKED "NA"	
Project Name:	
Project Address:	
Owner/Agent:	Telephone:
Design professional or other person we can contact about info on this form and other project details (if same as Owner/Agent, just provide fax number and e-mail address):	Telephone:
	Fax:
	E-mail:

### General Requirements:

All drawings, shall be sealed, signed, and dated by a design professional (licensed architect or engineer). The only exception is when all of the following apply:

1. The proposed work only involves remodeling or alterations of an existing building or structure.
2. The proposed work does not change the building's structure or means of egress.
3. The person preparing the plans is not compensated for the preparation of the drawings.

All drawings must be neatly drawn with clean, crisp lettering. They must remain legible after reduction for microfilming.

Computer-generated vicinity maps obtained from web-based services (such as MapQuest) are acceptable, as long as the roadways or street names are legible and will remain that way after reduction for microfilming.

When photographs (including digital) are submitted to show building elevations, the images must be in focus and correctly exposed.

A Pennsylvania Department of Transportation (PennDOT) permit allowing access to a highway under its jurisdiction is not required at the time that application is made for a UCC building permit. If the highway occupancy permit issued by PennDOT requires a location of the building/structure differing from that approved under the UCC building permit, applicants must send the Department a letter requesting a determination whether a revision of approved plans will be required.

While we understand that many items on this checklist may not be included in some alteration or renovation projects, we request that all applicants work through the entire checklist to ensure that any necessary items are included. If any item is not necessary, please check "N/A" (not applicable). This will greatly facilitate review and approval of projects.

If any of the non-mandatory sections (any sections other than Site Plans and Architectural Plans) in this document do not apply to the proposed work, please check the "NA" box beside the section title (rather than fill in "NA" next to each item in that section).

**SITE PLANS:**

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A	a. Site plans shall be prepared to scale (not less than 1" = 20') with legend, north arrow, and separate vicinity (site location) map.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	b. Show the correct street address, parcel number and required municipal zoning (if there is local zoning ordinance) on the site plans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	c. Show and identify all property lines and rights-of-way, with distance from property lines and adjacent buildings on site plans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	d. Show all accessible parking spaces and signage per ICC/ANSI A117.1 and the <i>International Building Code</i> on site plan.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	e. Show accessible curb cuts, ramps, and access ways to the building.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	f. Show all existing and proposed driveway entrances.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	g. Identify adjacent land uses and zoning.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	h. Show all easements, flood ways, and required buffers.
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A	i. Show existing and proposed utilities (with backflow preventers) to serve the site.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	j. Show existing and proposed finish grades.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> N/A	k. Show details, sections, and elevations needed for construction.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	l. Show all buffer and screening landscaping.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	m. Show all required parking and loading spaces and calculations.

**ARCHITECTURAL PLANS:**

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	a. Show architectural floor plans of each floor. These pages must be at least 18" x 24" in size (but not more than 36" x 42"), drawn to a scale of not less than 1/8" = 1'. Indicate (or reproduce) the approved, tested hourly rating, number and location of all rated members and assemblies (walls, columns, beams, floor and ceiling, and ceiling and roof fire-rated design assemblies).
		b. Show all fire-rated walls (both existing and new) with their ratings, if not shown elsewhere.
		c. <i>Drawings submitted without required fire-rated walls shown will be rejected.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	d. Show the square footage of each floor on the corresponding floor plans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	e. Identify the names and uses of each room.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	f. Furnish door schedule(s), including size, type, rating (if any) and hardware.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	g. Provide all glazing schedules.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	h. Show elevations with dimensions defining overall building height, floor-to-floor heights, or heights to ridge and eave as applicable to the type of building construction listed on the UCC application. (Note: Where an existing building is involved, photographs of all sides of the building may be submitted to show elevations. These will be acceptable only if they show all elements necessary to determine compliance with the UCC.)
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	i. Provide basement percentage-below-grade calculations.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	j. Indicate roof slopes, drainage system and sized through wall scuppers, if applicable to the project.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	k. Show fixed seating for assembly occupancy to allow determination of occupancy posting required by <i>International Building Code</i> .
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	l. Show wall sections with proposed material sizes, construction and fire-rated assemblies.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	m. Show proposed plumbing fixtures and privacy screens on the plans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	n. If masonry construction is proposed, include the following information: <input type="checkbox"/> Type of brick ties and spacing of weep holes <input type="checkbox"/> Control joints <input type="checkbox"/> Placement of wall flashing and reinforcement
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	o. If appropriate for the proposed occupancy, plans should identify all hazardous material control areas, fire barriers, and the require fire-resistance ratings for these barriers. All identified control areas shall list the name, class, quantity, and method of storage of all hazardous materials processed, manufactured, or used in a manufacturing process and contained within its fire barriers. Provide a Material Safety Data Sheet for each listed hazardous material. See sections 414 and 415 of the <i>International Building Code</i> .
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	p. Show the floor slab vapor barrier.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	q. Show foundation water-proofing, if applicable.

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	r. All penetrations of fire-rated construction must be per manufacturer's details. The details shall meet or exceed the rating of construction being penetrated. The penetration details shall be exactly as tested by an approved testing laboratory or agency and shall include their system numbers. New penetrations of existing fire-rated walls and assemblies shall be shown with appropriate designs.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	s. Show penthouse drawings.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	t. On the drawings provide the calculations for the means of egress widths for the entire floor occupancy load and the existing capacity of all exits, including all stairs, doors, corridors, and ramped exits.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	u. Show required ventilation louvers and vent sizes.

**STRUCTURAL PLANS:** ☐ N/A

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	a. Show foundation plans indicating the proposed slab elevations and type of foundation (i.e., mat foundation, caissons, spread footings, etc.).
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	b. Provide preliminary soil analysis data done by a licensed engineer, if required.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	c. Indicate dimensions of foundations.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	d. Show type, size and location of piling and pile caps for pile foundation.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	e. Indicate grade beam sizes.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	f. Indicate a footing schedule defining footing sizes and the required reinforcing.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	g. Show the established footing depth below grade and method of frost protection allowed in section 1805.2.1 of the <i>International Building Code</i> .
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	h. Indicate the thickness of the floor slab, size of reinforcing, slab elevations, and type and details of foundations.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	i. Indicate location, size, and amount of reinforcing steel.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	j. Show foundation corner reinforcing bars and minimum overlapping (as applicable to project structure).
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	k. Provide strength of concrete according to designed soil reports.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	l. Show beams, joists, girders, rafters, and/or truss layouts, and details of connections, structural steel stud gage, gage size, and connections.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	m. Indicate the sizes and species of all wood members and their respective design strength.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	n. Show all columns, girders, joists, purlins, beams, and base plates; for wood construction show all headers.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	o. Provide a complete lintel schedule.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	p. Indicate the type of anchoring for steel bearing directly on masonry.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	q. Indicate design dead and live, wind, snow, seismic loads for floor areas, roofs, balconies, porches, breezeways, corridors, stairs, mezzanines, and platforms. Show concentrated loads, i.e., file rooms, machinery and forklift areas, if greater than those shown on the Code Summary Sheet. Identify shear walls, bracing, strapping fastening, reinforcement and any special anchoring required.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	r. Where applicable, indicate on roof framing plan where concentrated loads (mechanical equipment, cranes, etc.) will be placed.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	s. Indicate on foundation and framing plans the location and lateral load resisting system. (Show alls, braced frames, moment connections, etc.)

**FIRE PROTECTION PLANS:** ☐ N/A

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	a. Complete a sprinkler design data sheet and include it on the first plan of the sprinkler drawings.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	b. Show floor plans for each floor with sprinkler piping layout, pipe sizes, pipe hanger details, piping materials, doors, walls, and room identities.  Often, these shop drawings are not available at the time of the initial plan submission. If this is the case, write in "NA" but note the following: <ul style="list-style-type: none"> <li>• These shop drawings must be submitted for Department review and approval at least two weeks before the projected installation date.</li> </ul>

		<ul style="list-style-type: none"> <li>• Failure to obtain approval of these drawings before installation could result not only in delay of the final inspection and issuance of an occupancy permit, but also in removal and reconstruction of installations which fail to meet UCC requirements.</li> </ul>
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	c. Show ceiling plans with sprinkler head(s) layout, walls, soffits, openings, doors, dimensions and room identities.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	d. Verify system design by providing hydraulic calculations along with the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Recent water flow test</li> <li><input type="checkbox"/> 10 percent safety margin</li> <li><input type="checkbox"/> Type of backflow-preventer or reduced pressure zone showing equivalent foot loss</li> <li><input type="checkbox"/> Fire pump summary</li> </ul>
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	e. Note the type of sprinkler system used (e.g., 13, 13D, or 13R).
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	f. For residential occupancies such as apartments and condominiums, show sprinkler head locations at breezeways, if applicable.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	g. Indicate the certified testing laboratory agency (e.g., U.L.), their test number and hourly ratings of all new and/or affected rated members and assemblies (i.e., columns, beams, floor/ceiling and ceiling/roof fire-rated design assemblies). Show all new and/or affected fire-rated walls with their ratings, if not shown elsewhere.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	h. All penetrations of fire-rated construction must be per manufacturer's details. Details shall meet or exceed ratings of construction being penetrated. Penetration details shall be exactly as tested by a certified testing laboratory or agency and shall include their system numbers. All new penetrations of existing fire-rated walls and assemblies shall be shown with appropriate designs.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	i. Provide a fire alarm riser showing connection to a UL-approved central station. Show tamper switches on both OS and Y valves of backflow prevention device, unless shown elsewhere.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	j. Indicate commodity class (per section 2303 of the <i>International Building Code</i> ) and height of any storage.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	k. Provide Material Safety Data Sheets for any hazardous materials (also specified under "Architectural Plans").
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	l. Where special temperature-rated or high-temperature sprinklers are required, show sprinkler type(s) per area, office size, cut sheets with K-factor, water requirements, spray pattern, coverage, and other pertinent data.

**SYSTEM CALCULATIONS (FIRE PROTECTION):** ☐ N/A

Hydraulically calculated and pipe schedule fire systems should be designed with a 10 percent safety margin for all new buildings and additions to existing buildings. Calculations for hydraulic systems should include:

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	a. Flow and pressure at each flowing sprinkler head.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	b. Flow diagram for a grid system.

**PLUMBING PLANS:** ☐ N/A

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	a. Show a site utilities plan, if not provided with the civil drawings. <ul style="list-style-type: none"> <li><input type="checkbox"/> Show the domestic water, fire, and irrigation services.</li> <li><input type="checkbox"/> Show the location of water meters, backflow protection type and location.</li> <li><input type="checkbox"/> Show the sanitary sewer service from building to public sewer or approved private sewage disposal system.</li> </ul>
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	b. Show interceptors as applicable to project and size by flow rate. (i.e., grease, oil, lint, acid, sand).
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	c. Provide plumbing plan layouts for each floor. These should show the water distribution and drain-waste-vent piping, and all details, notes, legends, and schedule necessary to define the system being installed.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	d. Show the location of all major components required for a complete system.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	e. Provide fixture and equipment schedule showing fixture number, detailed description, hot water, cold water, waste and vent connection sizes and other pertinent data.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	f. Identify all fixtures on floor plans and in riser diagrams with the plumbing fixture schedule number.

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	g. Supply and Waste/Vent piping shall be shown on the floor plans. All pipe sizes shall be clearly shown. In congested areas (e.g., restaurants, grocery stores, etc.), isometrics are required.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	h. On buildings two stories and above, provide isometric diagrams and/or schematic riser diagrams for Supply and Waste/Vent piping and identify the risers by number (e.g., R1, R2, etc.). Show where all riser base terminations connect to the building drain, along with all interconnected piping on each floor plan. All pipe sizes shall be clearly defined.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	i. Show the water, sanitary drain-waste-vent piping and storm leaders/drains. Indicate sizes and materials for above/below grade.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	j. Show slope of horizontal sanitary and storm drains that equal or exceed 3" diameter, if less than 1/8" per foot.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	k. Indicate roof drains and emergency roof drains/scuppers with the areas they impact. Note that "emergency" = "secondary" = "overflow," see following roof drainage examples: Roof Drain – 6" RD (16880 SF) Emergency Roof Drain – 6" ERD (8180 SF) Parapet Wall Scupper – 8" x 5" WS (4000 SF) Emergency Scupper – 8" x 7" ES (4200 SF)
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	l. Show toilet room layouts with minimum of 1/4" = 1 foot scale.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	m. Show drinking fountain locations.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	n. All penetrations of fire-rated construction must be per manufacturer's details. The details shall meet or exceed rating of construction being penetrated. The penetration details shall be exactly as tested by an approved testing laboratory or agency and shall include their number systems.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	o. Room names and numbers for each floor should be on a floor plan for each level.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	p. Provide minimum facilities calculations.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	q. Column line notations, if provided on the architectural/structural plans, shall be indicated on the plumbing plans.

**MECHANICAL PLANS:** ☐ N/A

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	a. Show all required wall louvers, penetrations, and fans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	b. Indicate roof-mounted equipment locations.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	c. Show all mechanical equipment, piping, ductwork (above/below slab) on the mechanical floor and/or roof plan.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	d. Provide mechanical plans for each floor and the roof. These shall show the ductwork layouts, schedules, notes, legends, piping schematics, and details necessary to define the system being installed.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	e. Indicate air distribution devices and show cfm for all supply, return, and exhaust devices.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	f. Indicate the location of all equipment components required for a complete system.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	g. Show the smoke ventilation of atriums and pressurization of high-rise stairwells.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	h. Show condensation drains, primary and secondary, from the unit to the point of discharge.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	i. Indicate toilet exhaust requirements
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	j. Show mechanical room layouts at sufficient scale for dimensions and details to be ascertained.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	k. Show the size of duct runs.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	l. Indicate controls for fan shutdown: emergency manual and automatic smoke detection.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	m. Show the location of all UL 555-certified fire dampers, ceiling radiation dampers, smoke dampers, and fire doors.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	n. Show all fire-rated walls (both existing and new) with their ratings on the mechanical plans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	o. All penetrations of fire-rated construction must be per manufacturer's details.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	p. Room names and numbers for each floor should be on a floor plan for each level.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	q. Provide outside air ventilation rate per the <i>International Mechanical Code</i> .

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	r. Column line notations, if provided on the architectural/structural plans, shall be identified on the mechanical plans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	s. Provide gas piping layout on the floor plan for each floor. If it is a multi-story building, all gas piping shall be shown per floor. Include pipe sizes, water column, and type of material. Provide a schedule of connected equipment, total BTUH demand, total equivalent length, and most remote gas appliance.

**ELECTRICAL PLANS:** ☐ N/A

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	a. Provide panel schedules with circuit and feeder loading, overcurrent protection, and NEC load summaries for all new and/or affected panels and services (loading has to be evaluated by highest phase); include fault current data, short circuit ratings, and fault current protection co-ordination.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	b. Provide a single line riser diagram showing all new and/or affected services, feeders, wire sizes, and insulation types, and conduit sizes and types.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	c. Indicate number of services and their physical locations; clearly indicate mains and characteristics.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	d. Indicate the grounding electrode conductor size with new and/or affected services and transformers; where necessary provide details or notes on methods.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	e. Show physical locations of all new and/or affected panels and switchgear (indicate front).
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	f. Indicate receptacle plans with circuitry.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	g. Indicate lighting plans with circuitry.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	h. Show electrical plans for each affected floor, including the roof.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	i. Show wiring method(s), conduit sizes and types, termination temperature (60, 75, 90) requirements, conductor sizes, and insulation types.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	j. Indicate the design and/or operation for any of the following applicable life safety systems: emergency generators, smoke evacuation, shaft pressurization and relief, smoke detection, egress and emergency lighting, and fire alarms.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	k. Indicate how special needs such as classified (hazardous), corrosive and patient care are treated. Provide detailed plan of classified areas, the classifications and how complied with (i.e., hangers, waste treatment and collection, flammable dusts, gases or liquids, spray booths, vehicle servicing and parking, etc.).
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	l. Provide all HVAC nameplate data, including MCA and MOC. List all other appliance and/or equipment (other than those which will be connected to a general use receptacle) with nameplate data (i.e., voltage, phasing, HP, KVA, FLA, RLA, etc.).
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	m. Indicate all motor horse power ratings, if not supplied elsewhere.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	n. Indicate the certified testing laboratory or agency (e.g., UL), their test number and hourly ratings of all new and/or affected rated members and assemblies (i.e., columns, beams, floor/ceiling, and ceiling/roof fire-rated design assemblies). Show all new and/or affected fire-rated walls with their ratings, if not shown elsewhere.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	o. All penetrations of fire-rated construction must be per manufacturer's details. The details shall meet or exceed ratings of construction being penetrated. Penetration details shall be exactly as tested by an approved testing laboratory or agency and shall include their system numbers. New penetrations of existing fire-rated walls and assemblies shall be shown with appropriate designs.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	p. Provide all applicable <i>International Energy Conservation Code</i> compliance data on the Building Code Summary sheet or on the electrical plans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	q. All submittals should include a listing and labeling statement. (All electrical materials, devices, appliances, and equipment shall be labeled and listed by a certified testing laboratory or agency.)



1248 West Main Street, Suite 23, Ephrata, PA 17522  
 Phone: (717) 733-1654; FAX (717) 721-4224  
[www.weknowcodes.com](http://www.weknowcodes.com)

ABI #: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Form ABI-3 REV 5.22.2018

Uniform Construction Code (UCC)

## APPLICATION FOR BUILDING PERMIT

<b>Application Type</b> (Check all that apply)	<input type="checkbox"/> Accessibility Only Review <input type="checkbox"/> Alteration or Renovation <input type="checkbox"/> New Structure or Facility <input type="checkbox"/> Plan Revision or Partial Occupancy Request <input type="checkbox"/> Unapproved Existing Building <input type="checkbox"/> New Building		<input type="checkbox"/> Addition <input type="checkbox"/> Phased Approval <input type="checkbox"/> If Phased Approval indicate total number of phases and describe scope of work for each phase. A plan shall be submitted with an outline defining each phase of the plan.																																
<b>Use/Occupancy Classification:</b> Check box to left of applicable group. (Check all that apply)	<table border="0"> <tr> <td><input type="checkbox"/> A-1</td> <td><input type="checkbox"/> A-2</td> <td><input type="checkbox"/> A-3</td> <td><input type="checkbox"/> A-4</td> <td><input type="checkbox"/> A-5</td> <td><input type="checkbox"/> B</td> <td><input type="checkbox"/> E</td> </tr> <tr> <td><input type="checkbox"/> F-1</td> <td><input type="checkbox"/> F-2</td> <td><input type="checkbox"/> H-1</td> <td><input type="checkbox"/> H-2</td> <td><input type="checkbox"/> H-3</td> <td><input type="checkbox"/> H-4</td> <td><input type="checkbox"/> H-5</td> </tr> <tr> <td><input type="checkbox"/> I-1</td> <td><input type="checkbox"/> I-2</td> <td><input type="checkbox"/> I-3</td> <td><input type="checkbox"/> I-4</td> <td><input type="checkbox"/> M</td> <td><input type="checkbox"/> R-1</td> <td><input type="checkbox"/> R-2</td> </tr> <tr> <td><input type="checkbox"/> R-3 Adult Care</td> <td><input type="checkbox"/> R-3</td> <td><input type="checkbox"/> R-4</td> <td><input type="checkbox"/> S-1</td> <td><input type="checkbox"/> S-2</td> <td><input type="checkbox"/> U</td> <td></td> </tr> </table>							<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5	<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	<input type="checkbox"/> H-1	<input type="checkbox"/> H-2	<input type="checkbox"/> H-3	<input type="checkbox"/> H-4	<input type="checkbox"/> H-5	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> I-4	<input type="checkbox"/> M	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3 Adult Care	<input type="checkbox"/> R-3	<input type="checkbox"/> R-4	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2	<input type="checkbox"/> U	
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<b>Site Information</b> (Political Subdivision & County names are required.)	Project Name _____ Street Name and # _____ City _____ State _____ Zip Code _____ Political Subdivision _____ County _____																																		
<b>Special Requirements and Documentation</b>	<p>Check each block below indicating that all of the following will be submitted with this application:</p> <p><input type="checkbox"/> Three (3) site plans <input type="checkbox"/> Three (3) complete sets of construction drawings</p> <p><input type="checkbox"/> One (1) completed copy of the ABI-2 UCC PLAN REVIEW CHECKLIST</p> <p><input type="checkbox"/> One (1) set of specifications (only if Addition, Alteration, New Building or New Structure/Facility)</p> <p><input type="checkbox"/> PDF files of design drawings</p> <table border="1"> <tr> <td data-bbox="345 1346 711 1528">Does this construction involve modular units built in a factory</td> <td data-bbox="719 1346 938 1528"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td data-bbox="946 1346 1442 1528">If "Yes", submit 1 copy of a letter from a licensed design professional certifying that construction within the modular units (or the fully assembled modular building) and hidden from view will fully comply with all requirements of the UCC.</td> </tr> <tr> <td data-bbox="345 1535 711 1598">Is this construction regulated by the Health Care Facilities Act?</td> <td data-bbox="719 1535 938 1598"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td data-bbox="946 1535 1442 1598">If "Yes", submit 1 copy of approval letter from the Pennsylvania Department of Health.</td> </tr> <tr> <td data-bbox="345 1604 711 1822">Is this construction exempt from energy code requirements?</td> <td data-bbox="719 1604 938 1822"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td data-bbox="946 1604 1442 1822">If "Yes", submit 1 copy of letter indicating that the building or structure will use neither electricity nor fossil fuels, and thus is exempt per ASHRAE 90.1, §2.3(B). If "No", submit 1 copy of the COMcheck-EZ Certificate or the UCC-14 ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.</td> </tr> <tr> <td data-bbox="345 1829 711 1917">Is project in flood hazard area?</td> <td data-bbox="719 1829 938 1917"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td data-bbox="946 1829 1442 1917">If "Yes", submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.</td> </tr> </table>							Does this construction involve modular units built in a factory	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of a letter from a licensed design professional certifying that construction within the modular units (or the fully assembled modular building) and hidden from view will fully comply with all requirements of the UCC.	Is this construction regulated by the Health Care Facilities Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of approval letter from the Pennsylvania Department of Health.	Is this construction exempt from energy code requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of letter indicating that the building or structure will use neither electricity nor fossil fuels, and thus is exempt per ASHRAE 90.1, §2.3(B). If "No", submit 1 copy of the COMcheck-EZ Certificate or the UCC-14 ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.	Is project in flood hazard area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.																
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	Are any of the <i>International Building Code</i> (Chapter 17) special inspection or structural observations required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of the ABI-6 SPECIAL INSPECTIONS OBSERVATIONS STATEMENT.
	Will an alternative construction method or material be used on this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code §403.44.
	Is this application for "temporary certificate of occupancy" (Phased Approval)?  A building code official may issue a temporary certificate of occupancy (Phased Approval) for a portion or portions of the building or structure before the completion of the entire work covered by the permit if the portion or portions may be occupied safely. The building code official shall set a time period during which the temporary certificate of occupancy is valid.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit a letter signed by the design professional and owner acknowledging that the request for phased construction. For Phased Approval applicant shall indicate total number of phases and describe scope of work for each phase. A plan shall be submitted with an outline defining each phase of the plan. Inspection fees shall be based on a cost per phase. Plan review fees may, depending on level of submittal, cover entire project or each phase only per judgment of plans examiner.
	Construction Phase Requiring Certificate of Use & Occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which Phases?

Project Data	Does the project have zoning approval? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Type(s) of construction per Chapter 6 of the <i>International Building Code</i> (check all that apply): <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB
	Fire suppression: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None
	If application applies to an existing building that is "legally occupied," indicate permits held: Fire and Panic Occupancy Permit <input type="checkbox"/> Fire Number: _____ Municipal Occupancy Permit <input type="checkbox"/> Permit Number: _____ Municipality Name: _____ L&I UCC Certificate of Occupancy <input type="checkbox"/> File Number: _____
	If "legally occupied," you must select which code requirements the building will comply with (choose only one): <input type="checkbox"/> <i>International Existing Building Code</i> <input type="checkbox"/> Chap. 34, <i>International Building Code</i> Which triennial codes must this work comply with? <input type="checkbox"/> 2009 <input type="checkbox"/> 2012 <input type="checkbox"/> 2015

<b>Design Professional In Responsible Charge</b>  Seal must be in space to right of name and address.	Name: _____
	Address: _____
	_____
	PA License #: _____
	E-Mail: _____
	Phone: _____
	Fax: _____

<b>Owner Information</b>	Owner Name: _____
	Street Address: _____
	City: _____ State: _____ Zip Code: _____
	Phone Number: _____ E-mail: _____
<b>Deferred Submissions</b> (Check all that apply)	Are you requesting deferred approval? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Provide a written request on the construction disciplines to be deferred.
	Please check disciplines you wish to defer:
	<input type="checkbox"/> Architectural <input type="checkbox"/> Plumbing <input type="checkbox"/> Structural <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Protection Systems <input type="checkbox"/> Accessibility <input type="checkbox"/> Energy/Insulation <input type="checkbox"/> Underslab Plumbing <input type="checkbox"/> Underslab Electrical <input type="checkbox"/> Underslab Mechanical <input type="checkbox"/> _____
	Provide three sets of signed and sealed drawings for all those disciplines you wish to construct.

**Applicant's Certification:**

As the owner or the authorized agent of the project for which this application is filed, I certify that:  
 The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from the local municipality.  
 This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.  
 Any changes to the approved documents will be filed with Associated Building Inspections LLC and the local municipality.  
 When required, up to 20% of the total cost of any work performed on any area of primary function in an existing building will be expended to provide an accessible route to the area of primary function.  
 No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405 of the Pennsylvania Uniform Construction Code.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant E-mail: \_\_\_\_\_

**Applicant is responsible for the payment of ABI fees unless otherwise noted.**



# Code Administrators Inc

1525 Oregon Pike Suite 901  
Lancaster, PA 17601  
T: 717-859-3350 F: 717-859-3363  
www.CodeAdministrators.com

## Application for Residential Permit and Plans Examination

Please note that the following are required to be submitted with this application:

Two (2) Sets of Site Plans

Two (2) Complete Sets of Construction Drawings

When Possible an Additional Digital Submission of Construction Documents is Requested

### Property Information

Project Address	City	Zip
Owner's Name	Phone	Fax
		Email
Owner's Address	City	State
		Zip

### Scope of Project

Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Cost of Construction	Square Feet	Floors	Finished / Unfinished Basement	Attached / Detached / No Garage
----------------------	-------------	--------	-----------------------------------	------------------------------------

### Contractor Information

(If not needed for project, write N/A)

General Contractor:

Company Name	Phone	Fax
Address	City	State
		Zip
Contact	Email	Cell

**Contractor Information Contd.**

(If not needed for project, write N/A)

**Electrical Contractor:**

☐ Please check if you requesting a Religious Sect Electrical Exemption (If checked, please fill out, notarize and submit form 901(b) Electrical Exemption Affidavit)

Company Name	Phone	Fax
Address	City	State
		Zip
Contact	Email	Cell

**Plumbing Contractor:**

Address	City	State
		Zip
Contact	Email	Cell

**Heating/Air Conditioning Contractor:**

Company Name	Phone	Fax
Address	City	State
		Zip
Contact	Email	Cell

**Applicant Certification****This Section MUST be Fully Completed.**

As the owner, lessee, design professional employed in connection with the proposed work or agents thereof, I certify that:

- All information provided on and with this application is true and correct and that the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality;
- I understand that this permit is valid for one (1) year after its issuance by the Municipality;
- I understand that this permit shall become invalid unless the authorized construction work begins within 180 days of this permit's issuance or if the authorized construction work is stopped for a period longer than 180 days;
- I understand that no work may be started, or continued, unless a permit is issued by, and the fees paid to, the Municipality;
- I understand that, once issued, a copy of this permit will remain on the work site until the completion of this project;
- I understand that a Building Permit Placard shall be placed on the property visible from the street;
- I am responsible for locating all property lines, setback lines, easements, rights-of-way, flood areas, etc.;
- I understand that the issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body;
- I understand all applicable codes, ordinances and regulations;
- Any changes to the approved documents will be submitted in writing and these changes will not occur until they have been reviewed and approved;
- I understand that Code Administrators, Inc., or their authorized representative, shall have the authority to enter areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit;
- I understand that I am required to apply for any required Zoning Permits;
- I understand that I am responsible for any plan review fees or any additional inspections fees, which may be required during construction, that were not identified during the initial permit approval; and,
- I understand that all fees must be paid in full before a Certificate of Use and Occupancy can be issued. Should I decide to cancel the project, I agree that I am responsible for any fees incurred in the reviewing process.

---

Applicant Printed Name

Phone

Email

---

Address

City

State

Zip

---

Applicant Signature

---

Date



# TECHNICON

Enterprises Inc., II

200 Bethlehem Drive  
Suite 201  
Morgantown, PA 19543

Tel. (610) 286-1622  
Fax (610) 286-1679

## Technicon Enterprises Inc., II Company Overview

Technicon Enterprises Inc. II is a municipal consulting firm located in Morgantown, Pennsylvania. TEI-II was incorporated in 2001. We have a current staff of 14 employees. Our staff consists of Licensed Civil Engineers, Licensed Sewage Enforcement Officers and seven Certified Building Inspectors. We are fully certified to conduct both Commercial and Residential plan reviews and inspections. TEI-II has a full time receptionist to assist in scheduling inspections. TEI-II is currently appointed as the Codes Enforcement Officer in sixteen (16) municipalities within Berks, Chester, Lancaster, and Montgomery Counties.

TEI II prides itself in providing efficient and cost-effective services while meeting the specific needs of each municipal client. We emphasize good communication between ourselves, Municipal Officials and the residents. We are very proud of the reputation that we have earned as Code Enforcement Officers and will gladly provide references upon request.

### Potential benefits to Earl Township residents are:

- TEI-II prides itself in responsiveness to the residents. We guarantee to provide inspection services when given a 24 hour notice by the applicant or his/her contractor. Our staffing also allows for quick turn around of permit applications.
- Seven of TEI II's inspectors have qualified as International Building Code Inspectors by taking written examinations in a variety of disciplines. In addition, TEI II utilizes its engineers for the inspections of commercial, industrial and special structures when necessary. This flexibility and depth allows us to provide year round coverage to the Township with no lapses typically associated with illness or vacation. Our program and staff is currently compliant with the requirements of the Statewide Building Code.

TEI II is focused on client service and satisfaction at modest rates. If you have any questions or concerns, please call me at (610) 286-1622.

Sincerely,

Jeff Kerlin  
President

**TECHNICON ENTERPRISES INC., II**

**EARL TOWNSHIP  
LANCASTER COUNTY**

**BUILDING PERMIT  
DATA INFORMATION PACKET**

**EVERYTHING IN THIS PACKET IS IMPORTANT.  
READ EVERYTHING THAT IS IN THIS PACKET  
CAREFULLY AND COMPLETELY. READ IT  
BEFORE YOU FILL OUT THE PERMIT  
APPLICATION.**

**EVERYTHING THAT IS IN THIS PERMIT DATA  
INFORMATION PACKET MUST BE RETURNED TO  
TOWNSHIP WITH THE COMPLETED APPLICATION.**

**THIS IS AN ORIGINAL APPLICATION. ONCE YOU  
SUBMIT IT – AND ANYTHING ELSE REQUIRED TO  
BE SUBMITTED ALONG WITH IT – TO THE  
TOWNSHIP, IT WILL NOT BE RETURNED TO YOU.  
THEREFORE, YOU ARE ADVISED TO MAKE A  
COPY OF THIS APPLICATION ONCE YOU HAVE  
COMPLETED IT AND KEEP A COPY FOR YOUR  
RECORDS**

## **REQUIREMENTS FOR OBTAINING A BUILDING PERMIT**

**(A 15 business day review period is permitted by State Code)**

Listed below are the items that are required to be submitted to Technicon Enterprises, Inc., in order for you to obtain a building permit. Failure to submit the required items will result in a denial of the issuance of the permit. The required applications are attached.

1. The Building Permit Application must be made either by the Owner(s) or Lessee of the building or structure, or an agent of either, or by the Registered Design Professional employed in connection with the proposed work.
2. All application must be accompanied by two sets of site plans.
3. All Application shall be accompanied by not less than three (3) sets of construction documents. It is recommended but not required that a Registered Design Professional prepare the construction documents. The documentation shall include the name and address of the Registered Design Professional and shall be signed, dated and sealed.
4. If this application is for a new home and municipal water and/or sewer connections will be made a copy of the issued permit or receipt is required prior to a building permit being issued.
5. If this application is for a new home a driveway permit is required.
6. All new water fixtures must be of the "low flow" water conservation type.
7. NO WORK SHALL BEGIN UNTIL A BUILDING PERMIT HAS BEEN ISSUED.

If you have any questions, please call (610) 286-1622.



**THE FOLLOWING PLANS SHALL BE SUBMITTED, IN DUPLICATE, ALONG WITH  
THE BUILDING PERMIT APPLICATION**

**I. SITE PLAN**

All Applicants shall submit a Site Plan drawn to scale, and the Site Plan shall contain at minimum the following information:

- A. Lot dimensions, including all existing and proposed structures
- B. Building location on lot and setbacks
- C. Street or highway right-of-ways and any other easements or right-of-ways
- D. Existing or proposed septic & well locations
- E. Existing or proposed driveway location with percentage of slope (or grade) of lot, e.g. 3%, etc.

THE FOLLOWING PLANS SHALL ALSO BE SUBMITTED IN DUPLICATE AND SHALL BE DRAWN ON A SCALE OF ONE-QUARTER  $\frac{1}{4}$  INCH = 1' FOOT. THE FOLLOWING PLANS SHALL ALSO BE SUBMITTED IN DUPLICATE.

**II. ELEVATION PLANS**

Elevation Plans of the front, back, and both sides of the structure shall be submitted and shall, at minimum, show the following (from the finished grade):

- A. Floor lines with dimensions, and dimensions from grade to peak.
- B. Overhangs or porches (with dimensions and materials).
- C. Exterior coverings and materials.
- D. Roof materials and roof slope.
- E. Louvers and vents (with sizes).
- F. Chimney size, chimney material, and location of chimney above ridge line and from nearest wall.

**III. FOUNDATION PLAN**

- A. Basement crawl spaces and slabs.
- B. Footings to include depth size and width.
- C. Foundation material and sizes with window and door sizes and locations.
- D. Structural members, and their sizes and types.
- E. Stairs and their sizes and types.
- F. Interior and exterior dimensions.

**IV. FLOOR PLANS**

- A. First, second and third (if applicable) floors with all dimensions.
- B. Structural framing members, and their sizes, directions and spacing.
- C. Stairs, stairways and stairwells, including dimensions.

- D. A window and door schedule showing the manufacturer, insulation u-factor, model, sizes and locations for each. (Bedroom windows must meet egress requirements (attach manufacturers specifications)
- E. A plan showing the complete insulation package that will be installed and certified by the installer (insulation thickness, R-value, type).
- F. Plumbing drawings, including fixtures, size of supply vent and drain lines.
- G. Mechanical plan, including heating and/or cooling unit with efficiency rating.
- H. Electrical plan, including smoke detector locations.

V. CROSS SECTION

- A. Building or wall cross sections.
- B. Footer and foundation type and details.
- C. Framing details with floor-to-floor height.
- D. Roof construction and all material used throughout.
- E. Section through chimneys and/or fireplaces showing damper(s), smoke chamber, throat, flue(s), clean out and mantle.

FOR RESIDENTIAL CONSTRUCTION, IT IS STRONGLY RECOMMENDED THAT ALL OF THE PLANS LISTED ON THESE PAGES BE PREPARED BY A REGISTERED DESIGN PROFESSIONAL.

FOR ALL COMMERCIAL CONSTRUCTION, IT IS REQUIRED THAT ALL OF THE PLANS LISTED ON THESE PAGES BE PREPARED BY A LICENSED ARCHITECT OR LICENSED PROFESSIONAL ENGINEER.

## **INSPECTIONS REQUIRED DURING THE STAGES OF CONSTRUCTION**

THE ISSUANCE OF THE BUILDING PERMIT FOR WHICH YOU HAVE APPLIED REQUIRES YOU TO COMPLY WITH ALL PROVISIONS OF ALL CODES APPLICABLE TO BOTH CONSTRUCTION AND CONSTRUCTION INSPECTIONS. FOLLOWING ARE THE STAGES OF CONSTRUCTION WHEN THE CODE ENFORCEMENT OFFICER MUST BE NOTIFIED. INSPECTIONS MUST BE SCHEDULED A MINIMUM OF TWENTY-FOUR (24) HOURS IN ADVANCE UNLESS OTHERWISE SPECIFIED IN THE INSPECTION INSTRUCTIONS. INSPECTIONS BY THE CODE ENFORCEMENT OFFICER MUST BE COMPLETED BEFORE YOU PROCEED TO THE NEXT STAGE OF CONSTRUCTION.

### **ELECTRICAL INSPECTIONS**

#### **MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED**

PLEASE NOTE: As the appointed Third-Party Agency, Technicon Enterprises, Inc., II will perform all electrical inspections for all permitted work under the Uniform Construction Code. To schedule inspections, please call (610) 286-1622.

### **INSPECTION #1**

#### **FOOTINGS, STORM WATER, SEDIMENTATION AND CONTROLS**

#### **MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED**

This inspection is to be scheduled AFTER excavation is completed and forming for footings, reinforcement and grade stakes have been installed. Concrete MAY NOT be poured until this Inspection has been completed and approved by the Code Enforcement Officer. Prior to this Inspection, ALL storm water and sedimentation controls must be installed. **Note:** Footings are required to have smooth side and sharp corners, be continuous and of appropriate size. Property lines or setback lines **MUST** be staked accurately to identify those property lines.

## **INSPECTION #2**

### **FOUNDATION BACKFILL**

#### **MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED**

This inspection will be made upon your completion of foundation and foundation drains but PRIOR to any backfilling and setting of joists in a frame structure or upon completion of all walls before setting ceiling joists and rafters in a masonry structure. All parging and waterproofing must be completed prior to this inspection. Foundation drains will also be inspected at this time. UNDER NO CIRCUMSTANCES ARE BACKFILLING OR FRAMING TO BE STARTED UNTIL THIS INSPECTION #2 HAS BEEN COMPLETED AND APPROVED BY THE CODE ENFORCEMENT OFFICER.

## **INSPECTION #3**

### **ROUGH FRAMING**

#### **MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED**

This inspection will be made upon completion of all framing, rough plumbing, and rough wiring. All concealed plumbing and mechanical equipment should be installed prior to calling for this Inspection and must be tested at this time. An Electrical rough wiring inspection sticker must be posted on-site at this time, the Plumbing Air Test Certification (5 lb/psi for 15 minutes for Waste and Drain piping and 50 lb/psi for 15 minutes for Water Supply Piping) must be presented at this time.

All fire stopping, fire blocking, and fire caulking must be in place prior to the rough framing inspection.

UNDER NO CIRCUMSTANCES SHOULD ANY INSULATION, DRYWALL OR PLASTERING BE STARTED BEFORE INSPECTION #3.

## **INSPECTION #4**

### **WALLBOARD OR LATHE INSPECTION**

#### **MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED**

This inspection will be made after the installation and completion of all wallboard and/or lathe. However, under no circumstances should any plastering or taping and finishing of joints and fasteners be done prior to this Inspection.

## **INSPECTION #5**

### **FINAL INSPECTION AND ISSUANCE OF CERTIFICATE OF OCCUPANCY**

#### **MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED**

The final inspection will be made upon completion of the structure. Prior to the final inspection the following items must be completed: grading, seeding, installation of any driveway and a final electrical inspection sticker must be placed on the main electrical panel. No Use and Occupancy Permit will be issued until the Code Enforcement Officer has determined that the structure is in full compliance with the approved Building Plans and provisions of all Codes.

NOTE: NO DWELLING OR STRUCTURE MAY BE OCCUPIED IN ANY MANNER UNTIL THE ISSUANCE OF A FINAL USE AND OCCUPANCY PERMIT. ANY DEVIATION FROM THE APPROVED BUILDING PLANS SUBMITTED WITH YOUR ORIGINAL APPLICATION MUST BE APPROVED BY THE BUILDING CODE OFFICIAL, IN WRITING, BEFORE PROCEEDING WITH ANY CHANGE.

**I/WE HAVE RECEIVED A COPY OF THE REQUIRED INSPECTIONS AND ARE FULLY AWARE OF THESE REQUIREMENTS.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

# UNIFORM CONSTRUCTION CODE BUILDING PERMIT APPLICATION

## LOCATION OF PROPOSED WORK OR IMPROVEMENT

Building Permit # \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Site Address: \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

## TYPE OF WORK OR IMPROVEMENT (Check All That Apply)

- |  |                                   |                                     |                                     |                                     |                                     |
|--|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Building  | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair     | <input type="checkbox"/> Demolition | <input type="checkbox"/> Renovation |
| <input type="checkbox"/> Change of Use | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical |                                     |                                     |

Describe the proposed work: \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ \_\_\_\_\_

## DESCRIPTION OF BUILDING USE (Check One)

### RESIDENTIAL

- ☐ One-Family Dwelling (R-3)  
☐ Two-Family Dwelling (R-3)

### NON-RESIDENTIAL

Specific Use: \_\_\_\_\_

Use Group: \_\_\_\_\_

 Change in Use: ☐ YES ☐ NO

If YES, Indicate Former: \_\_\_\_\_

Maximum Occupancy Load: \_\_\_\_\_

Maximum Live Load: \_\_\_\_\_

## BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: \_\_\_\_\_ Existing, \_\_\_\_\_ Proposed

Mechanical: Indicate type of Heating/Ventilating/Air Condition (i.e., electric, gas, oil, etc.)

 Water Service: (Check) ☐ Public ☐ Private (Well Permit# \_\_\_\_\_)

 Sewer Service: (Check) ☐ Public ☐ Private (Sewage Permit # \_\_\_\_\_)

 Electrical ☐ YES ☐ NO Electrical Service ☐ YES ☐ NO

## Does or will your building contain any of the following:

Fireplace(s): Number \_\_\_\_\_ Type of Fuel \_\_\_\_\_ Type Vent \_\_\_\_\_

 Elevator/Escalators/Lifts/Moving walks: (Check) ☐ YES ☐ NO

 Sprinkler System: ☐ YES ☐ NO

 Pressure Vessel: ☐ YES ☐ NO

 Refrigeration Systems: ☐ YES ☐ NO

## FOR CODE ADMINISTRATOR USE ONLY

### FLOODPLAIN

Is the site located within an identified flood hazard area? (Check One)  
Will any portion of the flood hazard area be developed? (Check One)

☐ YES ☐ NO  
☐ YES ☐ NO ☐ N/A

**Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3**

Lowest Floor Level: \_\_\_\_\_

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

**I/WE HAVE RECEIVED A COPY OF THE REQUIRED INSPECTIONS AND ARE FULLY AWARE OF THESE REQUIREMENTS.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Directions to Site:

## FOR CODE ADMINISTRATOR USE ONLY

### ADDITIONAL PERMITS/APPROVALS REQUIRED

<input type="checkbox"/> STREET CUT/DRIVEWAY	APPROVED	
<input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY	APPROVED	
<input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN	APPROVED	
<input type="checkbox"/> EROSION AND SEDIMENT CONTROL PLAN	APPROVED	
<input type="checkbox"/> SEWER CONNECTION	APPROVED	
<input type="checkbox"/> ON-LOT SEPTIC	APPROVED	
<input type="checkbox"/> ZONING	APPROVED	
<input type="checkbox"/> PUBLIC WATER CONNECTION	APPROVED	
<input type="checkbox"/> OTHER _____	APPROVED	

### APPROVALS

BUILDING PERMIT DENIED:	Date _____	Date Returned _____
BUILDING PERMIT APPROVED:	Date _____	Permit # _____
CODE ADMINISTRATOR _____		
Date Issued _____	Date Expires _____	Permit # _____
BUILDING PERMIT FEE	\$ _____	Receipt # _____
ZONING PERMIT FEE	\$ _____	Receipt# _____
PLUMBING PERMIT (if appl.)	_____	Receipt # _____
MECHANICAL PERMIT (if appl.)	_____	Receipt # _____
ELECTRICAL PERMIT (if appl.)	_____	Receipt # _____

### PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

Type of documents:	Submitted	Signed & Sealed	Date:	Revision Date:
Foundation Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Construction 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	_____	_____
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Plumbing Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Flood Hazard Area Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Workers Comp. Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

### BUILDING DIMENSIONS

Existing Building Area: _____	sq.ft.	Number Of Stories: _____	
Proposed Building Area: _____	sq.ft.	Height of Structure Above Grade: _____	ft.
Total Building Area: _____	sq.ft.	Area of the Largest Floor: _____	sq.ft.



**FOR CODE ADMINISTRATOR USE ONLY**

TECHNICON ENTERPRISES INC., II

ELECTRICAL PERMIT

No. \_\_\_\_\_

Township: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Owner: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_

Site Address: \_\_\_\_\_

Use (circle): Residential Commercial Industrial Other \_\_\_\_\_

Type of Installation (circle): New Alteration Repair Other \_\_\_\_\_

Service (circle): Overhead Underground Job #: \_\_\_\_\_

Amperage: \_\_\_\_\_ Phase: \_\_\_\_\_

Describe scope of work: \_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Project: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

Electrical Inspector: Technicon Enterprises Inc., II  
200 Bethlehem Drive, Suite 201  
Morgantown, PA 19543  
Phone: 610-286-1622 Fax: 610-286-1679

**All commercial permits must have drawings stamped and sealed by a licensed architect or professional engineer.**

**A minimum of twenty four (24) hours notice is required for inspections.**

**Work must begin within (6) months of permit issuance or the permit shall become invalid.**

TECHNICON ENTERPRISES INC., II USE ONLY

Plan Review: \_\_\_\_\_ Permit: \_\_\_\_\_ Total Fee: \_\_\_\_\_

Method of Payment: check cash Collected by: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

Electrical Inspections Required:  
Service ☐ Rough wire ☐ Final ☐ \_\_\_\_\_

Permit No.: \_\_\_\_\_

**TECHNICON ENTERPRISES INC., II**

**EARL TOWNSHIP  
LANCASTER COUNTY  
PLUMBING MECHANICAL AND SPRINKLER SYSTEM APPLICATION**

Date of Application: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Site Address: \_\_\_\_\_

Estimated Cost of Construction: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Check appropriate box: ☐ Mobile Home or Manufactured Dwelling ☐ Single Family Dwelling

☐ Two Family Dwelling ☐ Apartment Building or Condominium ☐ Addition or Alteration

☐ Sewer Lateral ☐ Water Lateral ☐ Non-Residential Application: Specify: \_\_\_\_\_

**Scope of Work Description:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please Note: All applications must be accompanied by a floor plan drawing of the project.**

**All commercial applications must be accompanied by completed plumbing drawings signed and sealed by a licensed architect or professional engineer.**

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Inspections Required:

☐ Underground ☐ Underslab Plumbing ☐ Rough Plumbing ☐ Final Plumbing

☐ Rough Mechanical ☐ Final Mechanical

☐ Sprinkler Hydrostatic Test ☐ Final Sprinkler

Application approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Plan Review \_\_\_\_\_

Permit \_\_\_\_\_

Total Fee \_\_\_\_\_

Issue Date \_\_\_\_\_  
Tax Parcel No. \_\_\_\_\_  
Permit Fee \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Zoning District \_\_\_\_\_

Date Stamp \_\_\_\_\_

Permit No. \_\_\_\_\_

**TECHNICON ENTERPRISES INC., II**

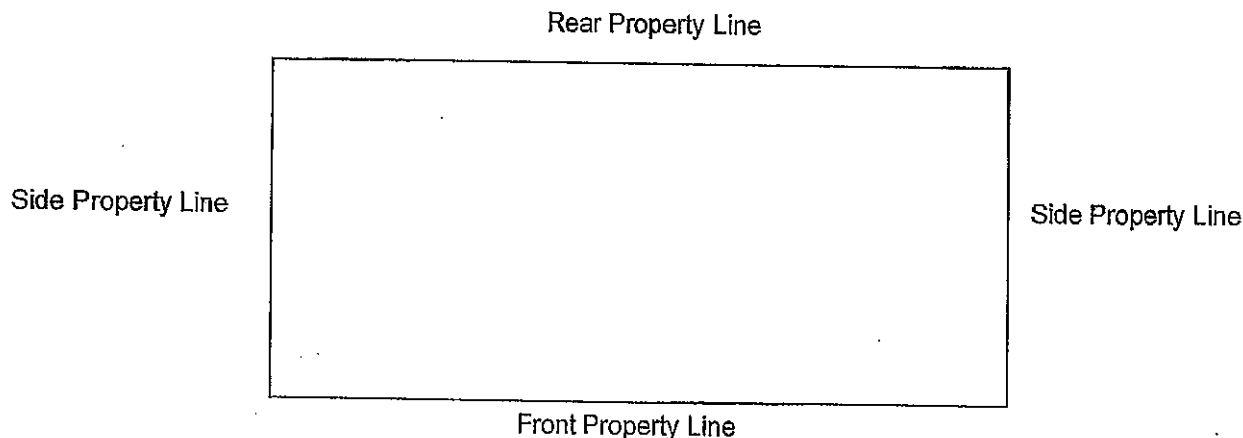
**BUILDING PERMIT APPLICATION FACT SHEET**

**Private Above Ground/Inground Swimming Pool, Spa and Hot Tub Construction**  
(Any structure that contains water 24" or more in design depth)

Municipality \_\_\_\_\_  
Name \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot No. \_\_\_\_\_  
Lot Size \_\_\_\_\_

Contractor \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Cell No. \_\_\_\_\_  
Estimated Cost \_\_\_\_\_

- I. Complete the diagram. Show setback lines for existing structures, location of pool, walkways and/or decks from property lines.



NOTE: If applicable, you must show location of on-lot septic system.

**Note: A barrier (fence, wall or combination) that completely surrounds the pool and obstructs access must be installed if the water depth is over 24 inches.**

II. **Above-Ground Pool, Spa, Hot Tub:**

1. Size: Diameter \_\_\_\_\_ or Length \_\_\_\_\_ X Width \_\_\_\_\_
2. Pool Wall Height: \_\_\_\_\_ Water Depth \_\_\_\_\_
3. Perimeter Fence (if required) Type \_\_\_\_\_ Height (48" minimum) \_\_\_\_\_  
Self Locking and Closing Gate: Yes ☐ No ☐

III. **Inground (An attached plan must show pool location, walkways, pool equipment):**

1. Size: Length \_\_\_\_\_ Width \_\_\_\_\_
2. Maximum Water Depth \_\_\_\_\_
3. Diving Board Yes ☐ No ☐
4. Will there be any overhead electric wires directly above the pool or within 18 ft. of the water surface  
Yes ☐ No ☐
5. Perimeter Fence (required) Type \_\_\_\_\_ Height (48" minimum) \_\_\_\_\_  
Self Locking and closing Gate Yes ☐ No ☐

**All inground pools require a bonding and final electrical inspection. All above ground pools require a final electrical inspection. All inspection fees are included in the permit fee.**

**FINAL INSPECTION REQUIRED - CALL TECHNICON ENTERPRISES INC., II (610) 286-1622**

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

☐ INSPECTION APPROVED ☐ INSPECTION DISAPPROVED

\_\_\_\_\_  
CODE ENFORCEMENT/ZONING OFFICER APPROVAL

\_\_\_\_\_  
DATE

INSPECTION DATE \_\_\_\_\_