

# **LTL CONSULTANTS, LTD – (610-987-9290)**

## **PERMIT APPLICATION CHECKLIST**

### **Zoning Permit:**

- Submit Application Fee - **CHECK PAYABLE TO PENN TOWNSHIP**
- Complete the Zoning/Building Permit Application, submit three (3) complete application packets.
- Provide a plot plan showing all structures, including sizes, located on the property along with the distance of the structures to each property line. Please note the location of the septic system, well, and any easements on the property.
- Sign the Permit Terms and Conditions

### **Residential Building Permit:**

- Complete the Zoning/Building Permit Application. If electrical, plumbing, and/or mechanical work is being performed, please be sure to complete all appropriate applications. Submit workers compensation insurance for each contractor.
- Complete the driveway and/or well application (if applicable)
- Submit Application Fee - **CHECK PAYABLE TO PENN TOWNSHIP**
- Provide a plot plan showing all structures, including sizes, located on the property along with the distance of the structures to each property line. Please note the location of the septic system, well, and any easements on the property.
- Provide three (3) copies of the building plans.
- Provide proof of EDU from the Sewer Authority or On-Lot Septic permit from the Sewage Enforcement Officer (if applicable)
- Provide Highway Occupancy Permit from PennDot (if applicable)
- Provide approval from Water Authority for public water connection (if applicable)
- Provide Stormwater Management Permit (if applicable)
- Sign the Permit Terms and Conditions
- Provide Erosion & Sediment Control Plan approval from Conversation District (if applicable)

**Additional information/documents may be required depending on the type of construction.**  
**CALL BEFORE YOU DIG, MAKE A PA ONE CALL - Dial 811**

# **LTL CONSULTANTS, LTD – (610-987-9290)**

## **PERMIT APPLICATION CHECKLIST**

### **Commercial Building Permit:**

- Complete the Zoning/Building Permit Application. If electrical, plumbing, and/or mechanical work is being performed, please be sure to complete all appropriate applications.
- Submit Application Fee - **CHECK PAYABLE TO PENN TOWNSHIP**
- Provide a site plan showing the size and location of new construction and existing structures on the site, distances from lot lines, the established street grades and the proposed finished grades, the location of parking spaces, accessible routes, public transportation stops and other required accessibility features. If the construction involves demolition, the site plan shall indicate construction that is to be demolished and the size and location of existing structures and construction that will remain on the site or plot.
- Provide three (3) copies of building, electrical, plumbing, and mechanical plans that are signed and sealed by a Pennsylvania licensed design professional.
- Provide Land Development Approval (if applicable)
- Provide proof of EDU from the Sewer Authority or On-Lot Septic permit from the Sewage Enforcement Officer (if applicable)
- Provide Highway Occupancy Permit from PennDot (if applicable)
- Provide approval from Water Authority for public water connection (if applicable)
- Provide Stormwater Management Permit (if applicable)
- Sign the Permit Terms and Conditions
- Provide Erosion & Sediment Control Plan approval from Conversation District (if applicable)
- Asbestos Abatement and Demolition/Renovation Notification Forms must be completed and submitted to PA DEP for all commercial demolition/renovation projects.

**Additional information/documents may be required depending on the type of construction.**  
**CALL BEFORE YOU DIG, MAKE A PA ONE CALL - Dial 811**

# ZONING/BUILDING PERMIT APPLICATION

**Please provide a plot plan showing all structures and distances to the property lines.  
Three (3) sets of building plans must be submitted with the application for Residential Projects.**

**Three (3) sets of building plans must be submitted with the application for Commercial Projects.**

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

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

Tax ID #: \_\_\_\_\_

Owner/Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

CALL ME WHEN PERMIT IS READY

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

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

E-Mail: \_\_\_\_\_ PA Contractor Registration #: \_\_\_\_\_

CALL ME WHEN PERMIT IS READY

Architect (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

## PROPERTY CHARACTERISTICS:

Residential Property (Single-Family Dwelling, Two-Family Dwelling, Townhouse)

Commercial Property – Specific Use \_\_\_\_\_

Utilities: Water Service: Public / Private      Sewer Service: Public / Private (Circle One)

Existing Impervious Area: \_\_\_\_\_ Sq. Ft. Total Earth Disturbance \_\_\_\_\_ Sq. Ft.

New Impervious Area created: \_\_\_\_\_ Sq. Ft.

**A Stormwater Management Permit may be required for the new impervious area added.**

Is the property located in a Floodplain or Flood Hazard Area? YES / NO

Is the property located in a Historical District? YES / NO

Is the property enrolled in the Agricultural Conservation Easement (ACE) program? YES / NO

## TYPE OF WORK: (check all that apply)

New Building     Addition     Renovation     Repair     Demolition     Sign  
 Deck/Patio     Swimming Pool     Accessory Structure     Fence     Other \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Size of Structure: \_\_\_\_\_ Height of Structure: \_\_\_\_\_

**ESTIMATED COST:** (Reasonable fair market value) \$ \_\_\_\_\_ (**REQUIRED**)

**- OFFICIAL USE ONLY -**

**TOWNSHIP APPLICATION FEE PAID:** Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_

## **PERMIT TERMS AND CONDITIONS**

The Owner/Applicant certifies that all information on this application is correct and the work will be completed in accordance with the approved construction documents, PA Act 45 of 1999 (Uniform Construction Code), Act 247 of 1968 as amended (Municipalities Planning Code), and any additional approved building code requirements adopted by the Municipality. The property Owner/Applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way and flood areas. 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 Owner/Applicant certifies he/she understands all the applicable codes, ordinances and regulations and is responsible for all review costs incurred for the proposed project.

Building and zoning permits are valid for one year from the date of issue. Construction must be started within 180 days of issue. Permits may be extended only once by making application and paying an extension fee prior to expiration of the original permit.

In consideration of the issuance of a permit to the undersigned the Owner/Applicant acknowledges that, in reviewing plans and specifications, in issuing permits, and in periodically inspecting work of the Owner/Applicant, employees of The Municipality and LTL Consultants, Ltd. are only performing their duties to require compliance with the minimum requirements of the applicable Ordinances of The Municipality pursuant to the policy power of The Municipality and are not warranting to the Owner/Applicant or to any third party the quality or adequacy of the design, engineering or construction work of the Owner/Applicant. Owner/Applicant further acknowledges that it will not be possible for The Municipality or LTL Consultants, Ltd. to review every aspect of Owner/Applicant's design and engineering or to inspect every aspect of Owner/Applicant's construction work. Accordingly, neither The Municipality, LTL Consultants, Ltd. nor any of its elected or appointed officials or employees shall have any liability to the Owner/Applicant for defects or shortcomings in such design, engineering or construction work, even if it is alleged that such defects or shortcomings should have been discovered during The Municipality's or LTL Consultants review or periodic inspection.

Furthermore, the Owner/Applicant agrees to defend, hold harmless and indemnify LTL Consultants, Ltd, The Municipality, its' elected and appointed officials and employees from and against any and all claims, demands, actions, and causes of action of any one or more third parties arising out of or relating to The Municipality's or LTL Consultants, Ltd review or periodic inspection of the Owner/Applicant's design, engineering or construction work, or issuance of a permit or permits, or arising out of or relating to the design, engineering or construction work done by Owner/Applicant pursuant to such permit or permits.

All references in these Terms and Conditions is to Owner/Applicant's employees, agents, independent contractors, subcontractors or any other person or entities performing work pursuant to the issuance of the building or grading permit by The Municipality.

Application for a permit shall be made by the Owner of the building or structure, and agent (if different than the owner).

I certify the Municipal Code Administrator or LTL Consultants, Ltd. shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

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Signature of Property Owner (required)

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Signature of Authorized Agent (if different than Owner)

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Printed Name of Property Owner

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Print Name of Authorized Agent

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Address

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Date

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Address

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Date

Last Revised December 27, 2017

### **REFER TO CHECKLIST TO DETERMINE ADDITIONAL APPLICATION REQUIREMENTS**

# PLUMBING PERMIT APPLICATION

County: \_\_\_\_\_

Municipality: \_\_\_\_\_

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

Owner/Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

CALL ME WHEN PERMIT IS READY

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

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

E-Mail: \_\_\_\_\_ PA Contractor Registration # \_\_\_\_\_

CALL ME WHEN PERMIT IS READY

## PROPERTY CHARACTERISTICS:

Residential Property (Single-Family Dwelling, Two-Family Dwelling, Townhouse)  
 Commercial Property – Specific Use \_\_\_\_\_

## TYPE OF WORK:

New Building  
 Addition  
 Renovation  
 Repair  
 Sewer Lateral  
 Water Lateral  
 Other \_\_\_\_\_

Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Cost** (*Reasonable fair market value*) \$ \_\_\_\_\_

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge, and furthermore the property owner has authorized the work.

**I certify 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 provisions of the code(s) applicable to such permit.**

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

# ELECTRICAL PERMIT APPLICATION

County: \_\_\_\_\_

Municipality: \_\_\_\_\_

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

Owner/Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

CALL ME WHEN PERMIT IS READY

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

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

E-Mail: \_\_\_\_\_ PA Contractor Registration # \_\_\_\_\_

CALL ME WHEN PERMIT IS READY

## PROPERTY CHARACTERISTICS:

Residential Property (Single-Family Dwelling, Two-Family Dwelling, Townhouse)

Commercial Property – Specific Use \_\_\_\_\_

Name of Electric Company \_\_\_\_\_

## TYPE OF WORK:

New Building     Addition     Renovation     Repair

Service (Size: \_\_\_\_\_) Electrical Job # \_\_\_\_\_ )

Generator (Size \_\_\_\_\_)

Other \_\_\_\_\_

Amps \_\_\_\_\_ Phase \_\_\_\_\_ Voltage \_\_\_\_\_

Overhead     Underground

Description of work: \_\_\_\_\_

**Estimated Cost** (*Reasonable fair market value*) \$ \_\_\_\_\_

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge, and furthermore the property owner has authorized the work.

**I certify 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 provisions of the code(s) applicable to such permit.**

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

# MECHANICAL PERMIT APPLICATION

County: \_\_\_\_\_

Municipality: \_\_\_\_\_

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

Owner/Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

CALL ME WHEN PERMIT IS READY

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

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

E-Mail: \_\_\_\_\_ PA Contractor Registration # \_\_\_\_\_

CALL ME WHEN PERMIT IS READY

## PROPERTY CHARACTERISTICS:

- Residential Property (Single-Family Dwelling, Two-Family Dwelling, Townhouse)
- Commercial Property – Specific Use \_\_\_\_\_

## TYPE OF WORK:

- New Building
- Addition
- Renovation
- Repair
- Other \_\_\_\_\_
- Chimney (Type) \_\_\_\_\_

FUEL TYPE:  Natural Gas  LPG  Fuel Oil  Solid Fuel  Electric  Other \_\_\_\_\_

Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide manufacturers' installation guide with the application.**

**Estimated Cost** (*Reasonable fair market value*) \$ \_\_\_\_\_

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge, and furthermore the property owner has authorized the work.

**I certify 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 provisions of the code(s) applicable to such permit.**

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

# DRIVEWAY PERMIT APPLICATION

County: \_\_\_\_\_ Municipality: \_\_\_\_\_  
Site Address: \_\_\_\_\_

Owner/Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
 CALL ME WHEN PERMIT IS READY

Principal Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ PA Contractor Registration #  
 CALL ME WHEN PERMIT IS READY

Location of Driveway: \_\_\_\_\_

Statement of materials and Construction to be Used:

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***A Sketch of the Driveway must be provided  
% Slope and distances must be indicated on the plan***

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge, and furthermore the property owner has authorized the work.

**I certify 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 provisions of the code(s) applicable to such permit.**

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

## WELL PERMIT APPLICATION

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

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

Owner/Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

CALL ME WHEN PERMIT IS READY

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

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

E-Mail: \_\_\_\_\_ PA Contractor Registration # \_\_\_\_\_

CALL ME WHEN PERMIT IS READY

Location of Well: \_\_\_\_\_

**Water must be tested to prove potability. Additional testing requirements may be required per Well Ordinance. Check with your Township for requirements.**

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge, and furthermore the property owner has authorized the work.

**I certify 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 provisions of the code(s) applicable to such permit.**

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

## **Workers' Compensation Insurance Coverage Information**

**A.** Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law?  
□ Yes □ No

If the answer is "yes", complete **Sections B, C, D, and E** below as appropriate. If the answer is "no", complete **Section E**.

## **B. Insurance Information**

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

Federal or State Employer Identification Number \_\_\_\_\_

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

Check if Certificate is attached.

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

Workers' Compensation Insurance Policy Number \_\_\_\_\_

Check if Certificate is attached.

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

C. Is the applicant using any subcontractor(s) on this project?  Yes  No

If the answer is "yes", the applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.

**D. Exemption:** Complete **Section D** if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of the Pennsylvania Worker's 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\_\_\_\_

My Commission expires: \_\_\_\_\_  
Signature of Notary Public

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**E      Signature required for all applicants**

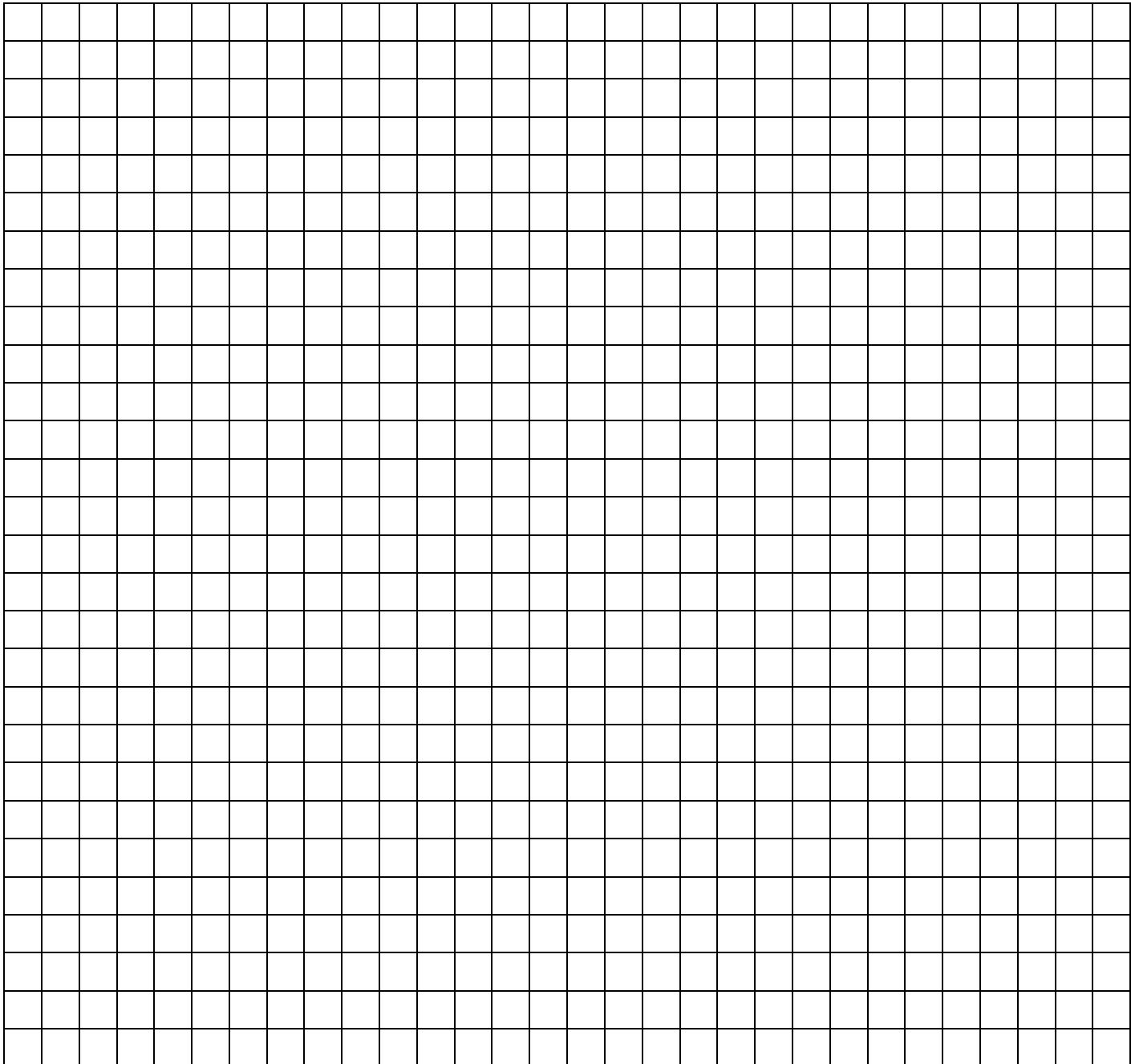
Signature of Applicant

Address \_\_\_\_\_

NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

**PLOT PLAN / SKETCH PLAN AREA**



The Plot Plan must show size and location of all structures and wells on the property and the distance to property lines (hand drawn is acceptable)

Is your drawing to scale Y / N?     If yes, what is the scale? \_\_\_\_\_