

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

1. Proof of ownership or authorized agent representing property is required.
2. The applicant must complete a Uniform Zoning/Construction Permit Application (attached). All questions must be completed since all information provided determines issuance of the permit.
3. Building Plans and list of Materials must be submitted with the application.
4. A Plot Plan on a separate sheet showing size and location of all structures, either on-lot sewage or public sewer tie in, on-lot water well and distance to property lines (hand drawn is acceptable).
5. Copy of Workers' Compensation Certificate. (See attached form)
6. Copy of the Erosion and Sedimentation Plan and approval letter from the County. Depending on the area of the expanded footprint, stormwater management may be necessary. A sample worksheet is available.
7. If the application is for a New Home, a septic system permit issued by the Sewage Enforcement Officer or evidence of a tapping or connection fee being paid to the respective public sewer entity must be submitted with the application. A road crossing permit may be required for excavating to a sewer tap or water tap. Check with LTL staff for requirements in your Municipality (local and State).
8. A copy of the well permit issued by the authorized well permit department (if other than LTL), must be attached.
9. If the application is for additions involving bedrooms, Sewage Enforcement Officer must also verify by letter, the adequacy of existing on lot septic systems prior to the issuance of permit.
10. An Electrical Permit is required with all residential and commercial building permits. The application will be provided with the permit application.
11. A Plumbing Permit is required with all residential and commercial building permits. The application will be provided with the permit application.
12. A Driveway Permit is required for any new driveway. If the driveway abuts a State Route, a PennDOT Highway Occupancy Permit is required.
13. The applicant should have stakes placed at the corners where the structure is to be built. The building inspector will check this stakeout before the building permit will be issued.
14. If the proposed construction is for a non-residential building, a Land Development Plan is required.
15. If a Non-Residential building is to be constructed, the application must submit a set of construction drawings to which an architect or engineer has applied his seal.

Most Permit fees are based on square footage using the rate in the Municipality schedule of Fees. Payment is required upon issuance of permit and prior to construction. All fees shall be payable to the Municipality.

Commercial permits shall be granted or refused within 30 days as per the Uniform Construction Code requirements after the written application has been submitted and determined complete. **LTL makes every effort to process and issue residential permits within 10 working days. Questions regarding permits can be directed to LTL @ 610-987-9290 or 888-987-8886.**

**Remember PA One-Call before excavating, simply dial 811, or [www.paonecall.org](http://www.paonecall.org).**

**LTL CONSULTANTS, LTD.**  
610-987-9290 / Toll Free 888-987-8886

## ZONING/UNIFORM CONSTRUCTION PERMIT APPLICATION

### LOCATION OF PROPOSED WORK OR IMPROVEMENT

*(any address should include street, city, state & zip code)*

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

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

Tax Parcel #: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Lot #: \_\_\_\_\_

Subdivision / Land Development Name: \_\_\_\_\_

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

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

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

PA Contractor Registration #: \_\_\_\_\_

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

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

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### TYPE OF WORK OR IMPROVEMENT

- New Building     Addition     Alteration     Repair     Demolition     Relocation     Sign  
 Foundation Only     Change of Use     Plumbing     Mechanical     Electrical     Other

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

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

### DESCRIPTION OF BUILDING USE *(Check One)*

RESIDENTIAL OR ACCESSORY THERETO

- 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: \_\_\_\_\_

### BUILDING/SITE CHARACTERISTICS

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

Water Service: *(Check One)*     Public (Copy of Authority approval)

Private (County Permit Approval if required)

Sewer Service: *(Check One)*     Public (Copy of Authority approval)

Private (Septic Permit # \_\_\_\_\_)

### BUILDING DIMENSIONS

Existing Building Area: \_\_\_\_\_ Sq. Ft.

Proposed Building Area: \_\_\_\_\_ Sq. Ft.

Total Building Area: \_\_\_\_\_ Sq. Ft.

Number of Stories: \_\_\_\_\_

Height of Structure Above Grade: \_\_\_\_\_ Ft.

Area of Largest Floor: \_\_\_\_\_ Sq. Ft.

**FLOODPLAIN**

Is the site located within an identified flood hazard area? (Check One)  Yes  No  
Will any portion of the flood hazard area be developed? (Check One)  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: \_\_\_\_\_

**HISTORIC DISTRICT**

Is the site located within a Historic District?  Yes  No  
*If construction is proposed within a Historic District, a certificate of appropriateness may be required by the Municipality.*

The 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 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 or the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations and is responsible for all review costs incurred for the proposed project.

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 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.**

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

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

Approved by: \_\_\_\_\_

Permit #'s \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

# PLUMBING PERMIT APPLICATION

TOWNSHIP: \_\_\_\_\_

Date of Application: \_\_\_\_\_, 20\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Name of Applicant (Owner): \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Subdivision Name and Lot No. (if applicable): \_\_\_\_\_

Tax Map Parcel Number: \_\_\_\_\_

- 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: \_\_\_\_\_
  - Permit for work not listed elsewhere

Statement of materials to be Used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

=====  
Permit No. \_\_\_\_\_ Issuance Date: \_\_\_\_\_

Approved by Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

**LTl CONSULTANTS, LTD.**  
**ELECTRICAL PERMIT APPLICATION**

Date \_\_\_\_\_ Permit No. \_\_\_\_\_  
(Assigned by LTL)

Township \_\_\_\_\_ Contractor \_\_\_\_\_

Job Site Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Electric Company Job # \_\_\_\_\_

Job Site Owner \_\_\_\_\_ Experience (Journeyman, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Site Phone \_\_\_\_\_ License Number \_\_\_\_\_

**General Information** (circle all that apply)

Single Family Residence      Multiple Residences \_\_\_\_\_      Businesses      Industrial

New      Remodel      Repair      Accessory Structure

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

Pool      Temporary      Permanent

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

Service Size (if applicable) Voltage \_\_\_\_\_ Amperage \_\_\_\_\_ Phase \_\_\_\_\_

Service wire size and type Gage \_\_\_\_\_ Metal \_\_\_\_\_ (cu, al, cu/al)

Grounding Electrode System \_\_\_\_\_

Wiring Method:    NM    AC    MC    RNC    RMC      \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_

Emergency Generator Voltage \_\_\_\_\_ Amperage \_\_\_\_\_ Size \_\_\_\_\_

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

HVAC: Type \_\_\_\_\_ Tonnage \_\_\_\_\_ HP \_\_\_\_\_ Voltage \_\_\_\_\_ Amperage \_\_\_\_\_

Baseboard Quantity \_\_\_\_\_ Amperage Total \_\_\_\_\_

Fire/Emergency System Type \_\_\_\_\_ Quantity of detectors \_\_\_\_\_

Is a set of electric plans included with this or with the building application? \_\_\_\_\_ (Y/N)

Applicant certifies that all information given is correct and that National Electric Code NFPA 70 and IRC will be complied with in performing the work for which this permit is issued.

Work must begin within one (1) year of permit issuance or the permit shall be come invalid.

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

\_\_\_\_\_

\_\_\_\_\_

**ESTIMATED COST OF ELECTRICAL CONSTRUCTION** (Reasonable fair market value) \$ \_\_\_\_\_

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

Date \_\_\_\_\_

# DRIVEWAY PERMIT APPLICATION

TOWNSHIP: \_\_\_\_\_

Date of Application: \_\_\_\_\_, 20\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

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

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

\_\_\_\_\_ Zip Code \_\_\_\_\_

Owner (if other than applicant): \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Contractor or Builder : \_\_\_\_\_

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

\_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Statement of materials and Construction to be Used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

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

=====

Permit No.: \_\_\_\_\_ Issuance Date: \_\_\_\_\_

Approved by Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

**Workers' Compensation Insurance Coverage Information**

1. 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**.

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

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- 
- 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.

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- 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\_\_

\_\_\_\_\_  
Signature of Notary Public

My Commission expires: \_\_\_\_\_

(Seal)

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**E. Signature required for all applicants**

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

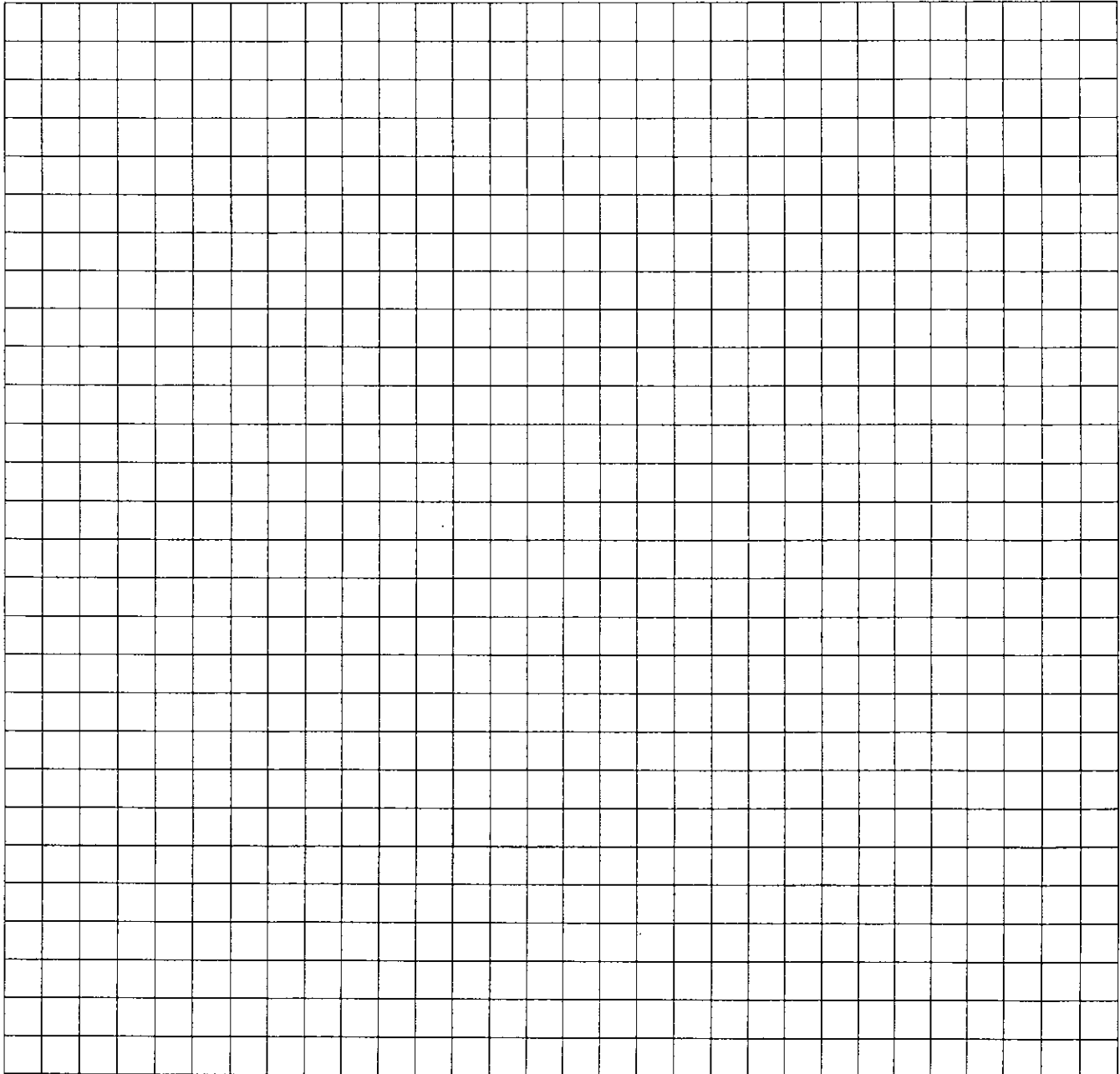
Address \_\_\_\_\_

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

**PLOT PLAN / SKETCH PLAN AREA**

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

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



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? \_\_\_\_\_

**Any questions, please contact:  
LTL Consultants, Ltd. at 610-987-9290 or 1-888-987-8886**



# Stormwater Best Management Practices Worksheets

Stormwater Management for Minor Land Disturbance Activities addresses the intent of the SWM Ordinance by managing the runoff through infiltration facilities. To determine the size of infiltration facilities required for a site for a Minor Land Disturbance Activity utilize a factor of 0.18 times the impervious area. This approximates the net 2 year increase.

<b>STEP ONE: DETERMINE REQUIRED VOLUME</b>	
<b>TOTAL AREA of IMPERVIOUS COVER</b> Includes all areas of new building, paving, concrete and compacted gravel that are part of the <b>proposed</b> work. (Except pervious paver blocks)	
Multiply by 0.18	<b>x 0.18</b>
<b>TOTAL WATER QUALITY VOLUME REQUIRED (WQ<sub>v</sub>)</b>	<b>Cu. ft.</b>

Details of the BMPs listed below are provided as part of this Appendix. For additional information on how these BMPs function and ideas of other BMPs refer to the "Pennsylvania Stormwater Best Management Practices Manual" latest edition prepared by the DEP.

<b>STEP TWO: SELECT BMPs TO BE UTILIZED</b>	
<b>BMP NAME</b>	<b>(How Many)</b>
1. Infiltration Basin	
2. Infiltration Bed	
3. Infiltration Trench	
4. Other*	
<b>TOTAL</b>	

\* As approved by the Township Engineer. Provide additional information as needed.

The first three BMPs listed are Infiltration BMPs and as such should be located on the site in areas with the most suitable soil. Areas of wet or poorly drained soils should be avoided.

Infiltration BMPs shall also be located with the following setbacks:

- Ten (10) feet down gradient from a building basement
- One hundred (100) feet up gradient from a building basement
- Ten (10) feet from property lines
- One Hundred (100) feet from wells
- Fifty (50) feet from septic system drain fields

Recognizing that Minor Land Disturbance Activities often cannot meet the setback requirements due to the size of the proposed work area, consideration will be made to reduce the setbacks provided.

**BMP Installation Notes:**

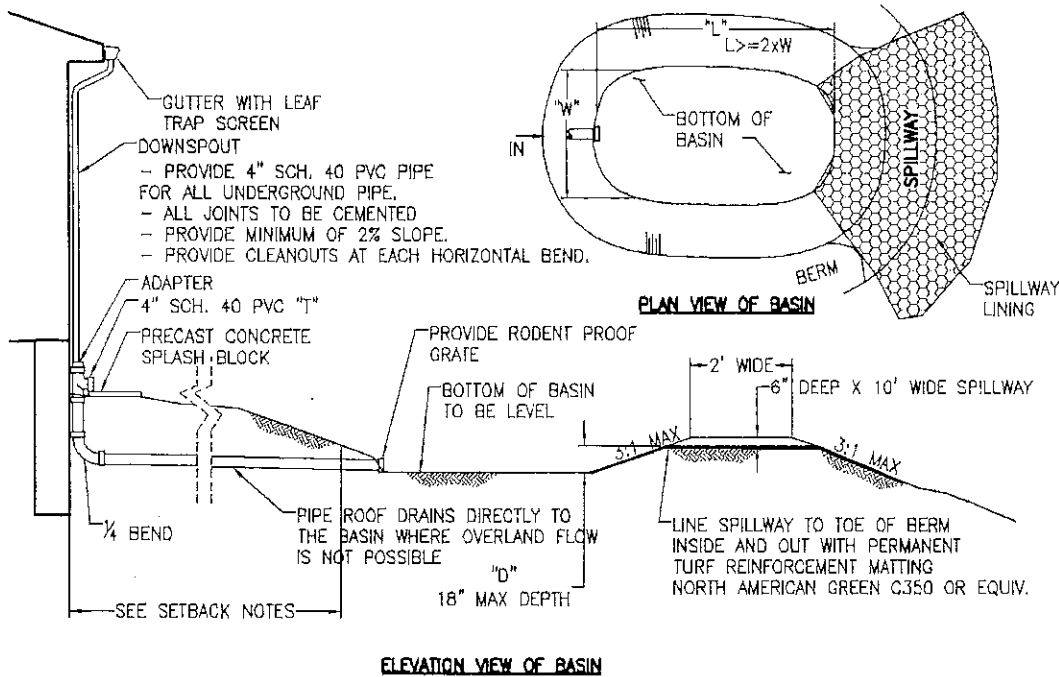
1. BMPs shall be protected during construction to prevent sediment-laden water from entering the facility.
2. Excavation of the BMPs shall be conducted in a manner that will not compact the bottom of the facility.
3. The bottom of the facility shall be scarified immediately prior to the placement of the bottom layer of geotextile for subsurface structures or the topsoil placement for above ground structures.
4. Geotextile shall be placed in accordance with the manufacturer's specifications. Seams shall be overlapped a minimum of 16 inches.
5. The area of the BMP shall be fenced off during construction. Construction equipment shall be prohibited from entering the area to avoid soil compaction.

<b>STEP THREE: DETERMINE VOLUME PROVIDED</b>	
<b>BMP (See details for volume calculations)</b>	<b>Volume (cu. ft.)</b>
1. Infiltration Basin	
2. Infiltration Bed	
3. Infiltration Trench	
4. Other*	
<b>TOTAL (must be greater than WQ<sub>v</sub> in Step One)</b>	

\* As approved by the Township Engineer. Provide additional information as needed.

## SWM BMP #1 –INFILTRATION BASIN

An Infiltration Basin provides an aboveground area for water to be stored and infiltrate into the ground. Roof Drains and overland runoff are directed into an aboveground basin to infiltrate. A spillway is provided to release the larger storm volumes. The spillway should be located to avoid any down slope problems when water is flowing over the spillway. The spillway shall be lined with a permanent erosion mat to prevent deterioration. The spillway should be located as far away from any inflow pipes to promote infiltration and settling of runoff contaminants. The basin shall also be planted with vegetation that is tolerant of the wet conditions that will occur during infiltration. The depth of the basin may be increased with the approval of the Township Engineer.

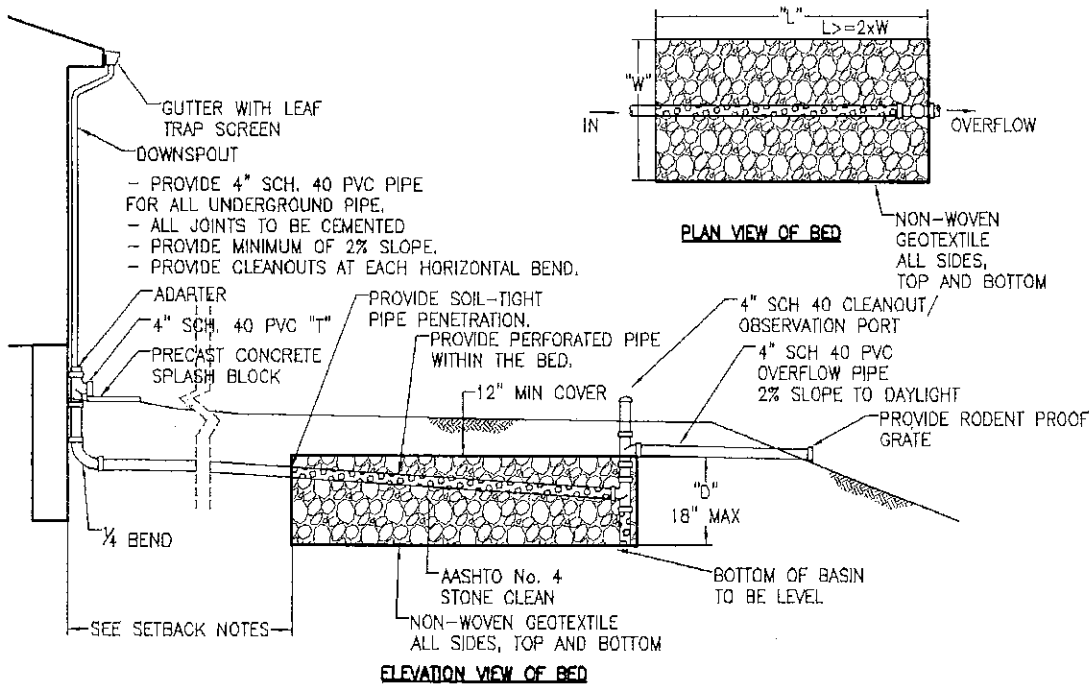


Determination of Water Quality Volume provided:

1	Bottom Area – for rectangular basins use $L \times W$ , estimate for irregular shaped Basin	Sq. ft.
2	Depth of Basin = D	Ft.
3	Basic Volume = $L \times W \times D$ (Line 1 x Line 2)	Cu. Ft.
4	Side Slope Factor "Z" – Use 3 for 3:1 slope, 4 for 4:1 slope, etc	
5	Approx. Additional Volume = $(L+W) \times Z \times D \times D$	Cu. Ft.
6	TOTAL VOLUME ( $WQ_v$ ) (Line 3 + Line 5) (Use this number in Step Three)	Cu. Ft.

## SWM BMP #2 –INFILTRATION BED

An infiltration bed can be used where surface runoff is not to be captured. Roof Drains from the proposed structure are piped into an underground basin to infiltrate into the ground. An overflow pipe is provided to release the larger storm volumes. A cleanout is provided to facilitate maintenance and provide an inspection port for the bed. The pipe within the bed is perforated and should be run through the basin to the fullest extent to promote infiltration and distribution of the runoff. The soil over the basin shall also be planted with vegetation that will not interfere with the operation of the bed. The depth of the bed may be increased with the approval of the Township Engineer.

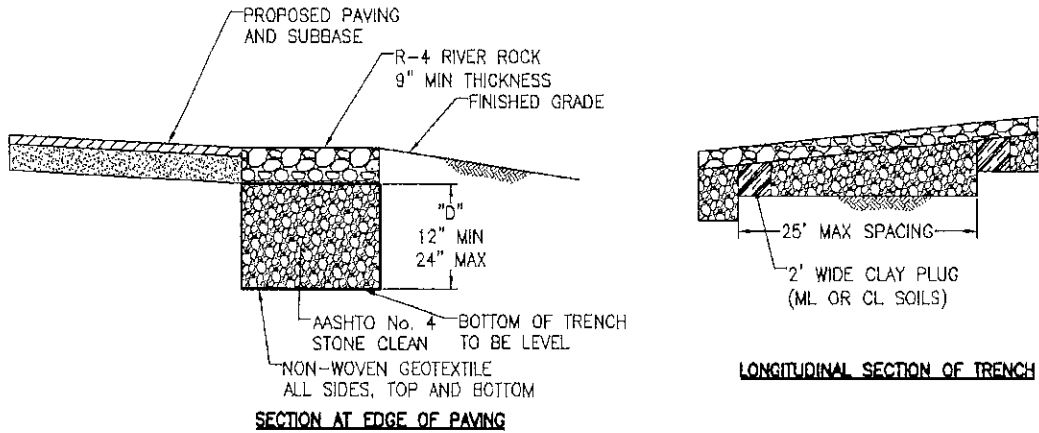


Determination of Water Quality Volume provided:

1	Bottom Area – for rectangular basins use L x W	Sq. ft.
2	Depth of Basin = D	Ft.
3	Basic Volume = L x W x D (Line 1 x Line 2)	Cu. Ft.
4	Actual Void Volume in Stone Bed ( $WQ_v$ ) = 0.4 x Line 3 (Use this number in Step Three)	Cu. Ft.

## **SWM BMP #3 –INFILTRATION TRENCH**

Infiltration trenches are utilized along the perimeter of impervious surfaces to collect, store and infiltrate runoff. River rock will be placed on the bed to allow the runoff to enter the trench; alternately the bed may utilize a perforated pipe with inlets to get the runoff into the trench. The trench is constructed as a terraced system with clay dikes to promote infiltration. The depth of the trench may be increased with the approval of the Township Engineer. Pipe can be utilized within the trench to increase the available storage volume. Because the trench is installed along paved area that need to be compacted during construction, extra attention needs to be paid to avoid compaction in the area of the trench or loosen the material under the trench prior to installation.



Determination of Water Quality Volume provided:

1	Bottom Area = Length of Trench x Width	Sq. ft.
2	Depth of Basin = D	Ft.
3	Basic Volume = L x W x D (Line 1 x Line 2)	Cu. Ft.
4	Actual Void Volume in Stone Bed ( $WQ_v$ ) = 0.4 x Line 3 (Use this number in Step Three)	Cu. Ft.

If perforated pipe is used in the bed, adjust volume accordingly.