

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"/> STORMWATER _____	APPROVED _____
<input type="checkbox"/> OTHER _____	APPROVED _____

APPROVALS

PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

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 # _____
DRIVEWAY PERMIT (if appl.) _____		Receipt # _____
CURB AND SIDEWALK (if appl.) _____		Receipt # _____

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.

UNIFORM CONSTRUCTION PERMIT APPLICATION WEST VINCENT TOWNSHIP

*** Required information**

***Date of Application** _____ **Permit #** _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT

*Parcel/Site Address: _____
 Tax Parcel ID # _____ Block _____ Unit _____
 Lot # _____ Subdivision/Land Development: _____ Phase: _____ Section: _____

*Owner: _____ *Phone # _____ Fax # _____
 *Owner Address: _____ *City: _____ *State: _____ * Zip: _____
 E-Mail: _____
 *Applicant: _____ *Phone# _____ Fax# _____
 *Applicant Address: _____ *City: _____ *State: _____ * Zip: _____
 *Contractor: _____ *Phone# _____ Fax# _____
 *Contractor Address: _____ *City: _____ *State: _____ * Zip: _____
 E-Mail: _____

Architect/Engineer: _____ Phone# _____ Fax# _____
 Arch/Engr Address: _____ City: _____ State: _____ Zip: _____

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

- New Building | Addition | Alteration | Repair | Demolition | Accessibility | Change of Use | Relocation
- Building | Electrical | Mechanical | Plumbing | Residential |
- Deck | Fence | Shed | Swimming Pool |
- Commercial License | Rental License | Road Opening | Sign | Zoning |

USE/OCCUPANCY CLASSIFICATION (Check All That Apply)

- | | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| 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 <input type="checkbox"/> | R-4 <input type="checkbox"/> | S-1 <input type="checkbox"/> | S-2 <input type="checkbox"/> | U <input type="checkbox"/> | | |

***DESCRIBE THE PROPOSED WORK:**

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

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL

- Hotels (R-1) (Commercial)
- Multi-Family (R-2) (Commercial)
- One-Family Dwelling (R-3)
- Two-Family Dwelling (R-3)
- Res. Care/Assisted Living (R-4)

NON-RESIDENTIAL (Commercial)

Use Group: _____
 Change in Use: YES NO
 If YES, Indicate Former: _____
 Maximum Occupancy Load: _____
 Maximum Live Load: _____

Sq. ft. of conditioned space		Floor area new construction (sq. ft.)	
Sq. ft. of unconditioned space		Floor area of addition (sq. ft.)	
Number of stories above grade		Floor area renovated (sq. ft.)	
Does it have a basement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of multi-family dwelling units	
Total floor area (sq. ft.)		# of accessible dwelling units	

***ZONING COMPLIANCE**

Does municipality have a zoning ordinance? Yes No
If "yes," has zoning permit been obtained? Yes No Date _____
Minimum setbacks required by zoning ordinance (ft):
Front _____ Rear _____ Right Side _____ Left Side _____

***BUILDING/SITE CHARACTERISTICS**

Number of Residential Dwelling Units: _____ Existing, _____ Proposed
Mechanical: Indicate Type of HVAC System (Hot Air, etc.) and Fuel (i.e., electric, gas, etc.)
Type: _____
Fuel: _____

Water Service: (Check) Public Private
Sewer Service: (Check) Public Private (Septic Permit # _____)

***BUILDING SPECIAL FEATURES**

Fireplace(s): Number _____ Type of Fuel _____ BTU's _____ Type Vent _____
Elevator/Escalators/Lifts/Moving walks: (Check) YES NO
Sprinkler System: YES NO
Pressure Vessels: YES NO
Refrigeration Systems: YES 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.

***FLOODPLAIN**

Is the site located within an identified flood prone area? (Check One) YES NO N/A
Will any portion of the flood prone area be developed? (Check One) YES NO N/A

If "yes," attach one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.

Owner/Agent shall verify that any proposed construction 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 (d).

***WETLANDS**

Is the site located within an identified wetland area? (Check One) YES NO
Will any portion of the wetland area be developed? (Check One) YES NO N/A

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the Commonwealth of Pennsylvania Department of Environmental Protection (25 Pa. Code Chapter 105).

FOR CODE ADMINISTRATOR USE ONLY

ADDITIONAL PERMITS/APPROVALS REQUIRED:

<input type="checkbox"/> STREET CUT/DRIVEWAY	_____	APPROVED	_____
<input type="checkbox"/> CUT AND FILL	_____	APPROVED	_____
<input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY	_____	APPROVED	_____
<input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN	_____	APPROVED	_____
<input type="checkbox"/> SEWER CONNECTION	_____	APPROVED	_____
<input type="checkbox"/> ON-LOT SEPTIC	_____	APPROVED	_____
<input type="checkbox"/> ZONING	_____	APPROVED	_____
<input type="checkbox"/> HARB	_____	APPROVED	_____
<input type="checkbox"/> OTHER	_____	APPROVED	_____

APPROVALS:

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

PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

Type of document:	Submitted	Signed & Sealed	Date:	Revision Date:
Geotechnical Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
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	_____	_____
Structural Calculations	<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	_____	_____
Workers Comp. Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Plans Reviewed by _____		PA Reg & Cert # _____		
Accessibility Rev'd by: _____		PA Reg & Cert # _____		

DATE STAMP:

APPLICATION RECEIVED	REVIEWS COMPLETED	PERMITS APPROVED

Applicant's Certification:

As the owner or the authorized agent of the project for which this application is filed, I certify that:

1. The applicant certifies that description of use, estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc.
3. 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 West Vincent Township.
4. This project will be constructed and the work will be completed in accordance with the "approved" construction documents and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405, and any additional approved building code requirements adopted by the Municipality.
5. Any changes to the approved documents will be filed with West Vincent Township.
6. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to West Vincent Township.
7. No error or omission in either the drawings and specifications or application, whether approved or not, or issuance of a permit shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405 and any additional approved building code requirements adopted by the Municipality.
8. If signed by someone other than the construction owner, this work has been authorized by the owner of record and I have been authorized by the owner to complete this application on his behalf. I will be acting on behalf of the owner as:

___ ARCHITECT ___ ENGINEER ___ CONTRACTOR ___ AGENT/OTHER:

9. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

APPLICANT **MUST** COMPLETE THE ENTIRE SECTION BELOW:

* **OWNER** **OTHER** *INDICATE* (Architect Engineer Contractor Agent/Other)

*Applicant signature:

*Name (typed or printed)

*Phone Number

Fax Number

email

*Mailing Address:

WEST VINCENT TOWNSHIP

PLUMBING PERMIT

Date: _____

LICENSE NUMBER _____ PERMIT NUMBER _____

LOCATION _____

OWNER _____

TYPE OF BUILDING _____ USED AS _____

ESTIMATED DATE OF COMPLETION _____ ESTIMATED COST _____

OLD-NEW BUILDING NUMBER

TYPE	NUMBER	TEE
STACKS		
SINKS		
BATHS		
WATER CLOSET		
LAVATORY		
TANK & HEATER		
LAUNDRY TRAY		
WATER DISTRIBUTION SYSTEMS		
FLOOD DRAINS		
SEWAGE EJECTOR		
FOUNTAIN (DRINKING)		
SUMP		
SHOWERS		
URINAL		
CATCH BASIN		
DISEWASHER		
HUMIDIFIER		
GARBAGE GRINDER		
WASHING MACHINE		
SPECIAL WASTES		
RAINWATER LEADERS		
MISCELLANEOUS FIXTURES		
	TOTAL FEE:	

Contractor's Name & Address _____

Applicant certifies that all information given is correct and that all pertinent Township Ordinances will be complied with in performing the work for which this permit is issued

WEST VINCENT TOWNSHIP

ELECTRICAL PERMIT APPLICATION

APPLICATION NO. _____

BUILDING DEPT. PERMIT: _____

BLOCK: _____ LOT: _____

MUNICIPALITY: _____

REGIONAL INSPECTOR: _____ PHONE: _____

A PLEASE PRINT OR TYPE	
NAME: _____	CONTRACTOR: _____
ADDRESS: _____	ADDRESS: _____
TEL: _____	TEL: _____ LIC. NO.: _____
WORK SITE ADDRESS: _____	<input type="checkbox"/> TO BE PAID BY:
	<input type="checkbox"/> PAID BY:
MUNICIPALITY: _____ STATE: _____	<input type="checkbox"/> CHARGE:

B TECHNICAL SITE DATA - NOTE: LIST ALL WIRING AND EQUIPMENT AND PROVIDE NECESSARY DATA											
NO.	ITEM	SIZE	FEE	NO.	ITEM	SIZE	FEE	NO.	ITEM	SIZE	FEE
	Switches				Exhaust Fan(s)				Motor(s)		
	Receptacles				Ceiling Fan(s)				Generator(s) (KVA)		
	GFCI Devices				Dishwasher(s)				Disconnect(s)		
	Dimmer(s)				Microwave				Pump(s) (HP)		
	Med Base Fixture(s)				Laundry (Washer)				Pool - Above		
	Fluorescent Fixture(s)				Smoke Detector(s)				Pool - InGround		
	HID Fixture(s)				C.O. Detector(s)				Pool Filter (HP)		
	Heating Equipment				Garbage Disposal(s)				Pool Light(s)		
	Air Conditioning (Central)				Whirlpool Tub (HP)				Hot Tub (HP/Kw)		
	Air Conditioning (Window)				Water Heater (Electric)				Steam Unit (Kw)		
	Electric Heat (Per Section)				Central Vacuum				Satellite Dish		
	Range, Oven & Cook Top				Exit Sign(s)				Lightning Rod(s)		
	Dryer (Electric)				Emergency Light(s)				Septic Feeder		
	Track Lighting/Strip				Transformer(s)				Refrigerator Unit(s)		
	Future Outlets				Timer(s)				Elevator(s)		

C	SERVICE	OH <input type="checkbox"/> UG <input type="checkbox"/> AMP _____ PHASE _____ VOLTS _____ CU <input type="checkbox"/> AL <input type="checkbox"/>
		CONDUCTOR SIZE _____ TOTAL NO. OF METERS _____ C/S <input type="checkbox"/>

TOTAL FEES: _____
AMOUNT DUE: _____
MUNICIPALITY: _____
CHECK #: _____
CHARGE: _____

FOR INSPECTOR'S USE ONLY	INSPECTIONS		
	TYPE	FAILURE DATES	APPROVAL DATE
<input type="checkbox"/> ROUGH			
<input type="checkbox"/> SERVICE EQUIPMENT			
<input type="checkbox"/> FINAL			
<input type="checkbox"/> SURVEY			
INSPECTOR: _____	TEMP. DATE: _____		

UTILITY #: _____
MUNICIPALITY CARD RW: _____
MUNICIPALITY CARD FINAL: _____

D	INSPECTION INFO:	

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

B. Insurance Information:

Name of Applicant _____

Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for workers' compensation
_____ Certified attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____
_____ Certified attached

Policy Expiration Date _____

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.**

VERIFICATION

The undersigned applicant verifies that the facts set forth in Section A, B and C above are true and correct to the best of my knowledge, information and belief. I further understand that the said statements herein are made subject to the penalties of 18 Pa. C.S.A., Section 4904, relating to unsworn falsification to authorities.

Applicant

Address: _____
