

Date Stamp

**RESIDENTIAL BUILDING PERMIT
DATA INFORMATION PACKET FOR
ONE & TWO FAMILY DWELLINGS AND TOWNHOMES**

REQUIREMENTS FOR OBTAINING A BUILDING PERMIT
(A 15 business day review period is permitted by State Code)

**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
THE MUNICIPALITY WITH THE COMPLETED
APPLICATION.**

**THIS IS AN ORIGINAL APPLICATION, THEREFORE,
YOU ARE ADVISED TO MAKE A COPY OF THIS
APPLICATION ONCE YOU HAVE COMPLETED IT AND
KEEP A COPY FOR YOUR RECORDS.**

Listed below are the items that are required to be submitted to West Vincent Township in order for you to obtain a building permit. This list is not all inclusive for the construction project. Failure to submit the required items may 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 applications must be accompanied by two sets of site/deed plot plans.**
3. **All Applications shall be accompanied by not less than two (2) 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 the application is for a new home requiring an on-lot septic system and/or a well, a copy of the approved well and/or septic system permit must be submitted with the application.**
5. **If an addition with bedrooms is to be constructed, the Chester County Health Department must check the plans to verify that an adequate on-lot septic system is available. Verification must accompany the application.**
6. **If this application is for a new home and a municipal water and/or sewer connection will be made, a copy of the issued permit or receipt is required prior to a building permit being issued.**
7. **If this application is for a new home a Township or PADOT Road Occupancy Permit is required to be submitted with the application.**
8. **If required, a Soil Erosion & Sedimentation Control Plan must be submitted to The County Conservation District. A copy of the approval letter or the letter of exemption must be submitted with the building permit application.**
9. **If required due to impervious coverages, Act 167 Stormwater Management Plans shall be submitted with the application.**

NO WORK SHALL BEGIN UNTIL A BUILDING PERMIT HAS BEEN ISSUED

If you have any questions, please call (610) 458-1601.

THE FOLLOWING PLANS SHALL BE SUBMITTED, IN DUPLICATE, ALONG WITH THE BUILDING PERMIT APPLICATION (This list is not all inclusive for the construction project)

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 dimensions of all existing and proposed structures
- B. Building location on the 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

THE FOLLOWING PLANS SHALL ALSO BE SUBMITTED IN DUPLICATE AND SHALL BE DRAWN ON A SCALE OF ONE-QUARTER INCH = 1' FOOT. **The following items are minimum requirements.**

II. ELEVATION PLAN

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 including stamped and signed truss drawing.
- E. 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, width and rebar (if any).
- C. Foundation material, Including wall rebar, 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.
- G. Emergency escape and rescue window, outside entrance location or equivalent.
- F. Louvers and vents (with sizes).

IV. FLOOR PLANS

- A. First, second and third (if applicable) floors with all dimensions.
- B. Structural framing members, and their sizes, directions and spacing, including beams and trusses (engineered truss drawings are required).
- C. Stairs, stairways and stairwells, including dimensions & handrails.

- 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 the manufacturers specifications)
- E. An Energy Conservation Code compliance certificate or equivalent must be submitted with all applications for new construction.
- F. Plumbing drawings:
 - 1. Provide a ladder/riser diagram showing drainage and vent piping sizes.
 - 2. Provide a list of materials (copper, pvc, pex, etc) to be used.
 - 3. If a residential fire sprinkler system is being installed:
 - a. Provide information on the system to be utilized NFPA 13D or 2009 IRC.
 - b. Provide cut sheets of materials to be used (sprinkler heads, piping, etc.)
 - c. Provide details of sizing calculations for the system.
 - d. Provide plans showing a layout of the piping, including sizes, sprinkler head locations.
- G. Mechanical drawings/Duct testing:
 - 1. Provide heating and cooling load calculations.
 - 2. Provide ventilation
 - 3. Provide cut sheets of equipment to be installed and R-value for duct(s).
 - 4. For gas and oil heating systems:
 - a. Provide details on combustion air and venting.
 - 5. Provide a sketch of the HVAC system with run sizes and locations of outlets.
 - 6. If gas fireplaces and pellet/wood stoves will be installed:
 - a. Provide cuts sheets including venting requirements and information on clearance from combustibles.
- H. Electrical drawings:
 - 1. Provide the electrical service location, lateral or overhead, amperage size, grounding method & equipment cut sheets.
 - 2. Provide a panel schedule identifying branch circuits, overcurrent protection ratings, AFCI protection & GFCI protection and tamper resistant.
 - 3. Provide smoke (every 500 sf) and carbon monoxide detector locations.
 - 4. Fans, lights, outlets, switches, etc.... locations on the plans.

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.

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. THE FOLLOWING ARE THE STAGES OF CONSTRUCTION WHEN THE CODE ENFORCEMENT OFFICER MUST BE NOTIFIED. INSPECTIONS MUST BE SCHEDULED A MINIMUM OF FORTY-EIGHT (48) HOURS IN ADVANCE UNLESS OTHERWISE SPECIFIED IN THE INSPECTION INSTRUCTIONS. INSPECTIONS BY THE CODE ENFORCEMENT OFFICER MUST BE APPROVED BEFORE YOU PROCEED TO THE NEXT STAGE OF CONSTRUCTION. SHOULD THE CODE ENFORCEMENT OFFICER BE REQUIRED TO MAKE ADDITIONAL INSPECTIONS, A RE-INSPECTION FEE WILL BE DUE TO DEFRAY THE COST OF THE INSPECTION. THE ENTIRE RE-INSPECTION FEE MUST BE PAID PRIOR TO THE RE-INSPECTION.

ELECTRICAL INSPECTIONS

MINIMUM FORTY EIGHT (48) HOUR WORKING NOTICE IS REQUIRED

PLEASE NOTE: Cedarville Engineering Group, LLC, may eventually be designated by the municipality to perform all electrical inspections for all permitted work under the Uniform Construction Code. To schedule inspections, please call (610) 458-1601.

INSPECTION #1

FOOTING

MINIMUM FORTY EIGHT (48) 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. For pre-cast walls, the stone placement must be inspected prior to the wall placement. **Note:** Footings are required to have smooth side and sharp corners, be continuous (stepped/bulkhead footings may be needed for elevation differences) and of appropriate size. Property lines or setback lines MUST be staked accurately to identify those property lines.

INSPECTION #2

PRE-POUR WALL REBAR

MINIMUM FORTY EIGHT (48) HOUR WORKING NOTICE IS REQUIRED

Concrete walls and ICF walls: Forms set, pinned and rebar installed and supported prior to concrete.

INSPECTION #3

FOUNDATION/PRE-BACKFILL

MINIMUM FORTY EIGHT (48) 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 floor joists in a masonry structure (exception pre-cast walls). All parging and waterproofing must be completed prior to this inspection. Foundation drains will also be inspected at this time. UNDER NO CIRCUMSTANCES IS BACKFILLING TO BE STARTED UNTIL THIS INSPECTION #3 HAS BEEN COMPLETED AND APPROVED BY THE CODE ENFORCEMENT OFFICER.

INSPECTION #4

FIRE PROTECTION/SPRINKLER SYSTEMS

MINIMUM FORTY EIGHT (48) HOUR WORKING NOTICE IS REQUIRED

This inspection will be made upon completion of all framing and completion of all rough-ins. The sprinkler system pressure testing must be performed at the time of this inspection as required by the International Residential Code and/or NFPA 13D.

INSPECTION #5

ROUGH FRAMING and MEP/UTILITIES,

MINIMUM FORTY EIGHT (48) HOUR WORKING NOTICE IS REQUIRED

This inspection will be made upon completion of all framing and completion of all rough-ins. 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 system pressure testing must be performed on all waste and drainage, water supply, and natural gas piping at the time of inspection as required by the International Residential Code.

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'S #4 & #5 HAVE BEEN APPROVED.

INSPECTION #6

INSULATION INSPECTION

MINIMUM FORTY EIGHT (48) HOUR WORKING NOTICE IS REQUIRED

This inspection will be made after the installation of the insulation in the walls, floors and ceilings/rafters. R-Values shall be visible. If blown-in or sprayed-on insulation is used, a certificate of compliance from the installer will be required prior to the final inspection.

INSPECTION #7

DRYWALL/WALLBOARD/PLASTERING INSPECTION

MINIMUM FORTY EIGHT (48) HOUR WORKING NOTICE IS REQUIRED

This inspection will be made after the drywall installation and completion of all drywall/wallboard/plastering. However, under no circumstances should any taping, spackling, plastering, etc.... be done prior to this inspection.

INSPECTION #8

FINAL INSPECTION AND ISSUANCE OF CERTIFICATE OF OCCUPANCY

MINIMUM FORTY EIGHT (48) HOUR WORKING NOTICE IS REQUIRED

This inspection will be made upon the completion of the structure and all of the required prior inspections have been approved. Prior to the final inspection, the following items must be completed: grading, seeding, driveway, sidewalks, final electrical inspection if done by another third party inspection agency and a sticker placed on the electrical panel, well and septic approvals and any items required by zoning and land development. No Use and Occupancy Permit, including temporaries, will be issued until the Code Enforcement Officer has determined that the structure is in full compliance with the approved Building Plans and all provisions of the codes. However, under no circumstances should any occupancy be made prior to this inspection.

The above inspection list is not all inclusive for the construction project.

Septic approval and potable water test approvals for wells is required to be submitted to the Building Code Official prior to the Final Inspection and the issuance of a Certificate of Occupancy.

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

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

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	FEE
STACKS		
SINKS		
BATHS		
WATER CLOSET		
LAVATORY		
TANK & HEATER		
LAUNDRY TRAY		
WATER DISTRIBUTION SYSTEMS		
FLOOD DRAINS		
SEWAGE EJECTOR		
FOUNTAIN (DRINKING)		
SUMP		
SHOWERS		
URINAL		
CATCH BASIN		
DISHWASHER		
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 UG AMP _____ PHASE _____ VOLTS _____ CU AL
 CONDUCTOR SIZE _____ TOTAL NO. OF METERS _____ C/S

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: _____	
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: _____
