

File #: _____
 Permit #: _____
 Date: _____

S4

Project Data

Lot Number: _____ Block Number: _____

Does municipality have a zoning ordinance? Yes No
 If "Yes," has permit been acquired?
 Yes No If "Yes," list date acquired: _____

Minimum setbacks required by municipal zoning ordinance (in feet):
Front: _____ **Rear:** _____ **Right Side:** _____ **Left Side:** _____

Sq. ft. of conditioned space _____
 Sq. ft. of unconditioned space _____

Number of stories above grade _____
 Does it have a basement? Yes No
 Total floor area (sq. ft.) _____

Floor area **new** construction (sq. ft.) _____
 Floor area of **addition** (sq. ft.) _____
 Floor area **renovated** (sq. ft.) _____

of multi-family dwelling units _____
 # of accessible dwelling units _____

Type(s) of construction per Chapter 6 of the *International Building Code* (check all that apply):
 IA IB IIA IIB IIIA IIIB IV VA VB

Fire suppression: Full Partial None

If application applies to an existing building that is "**legally occupied**", indicate permits held:
 Fire and Panic Occupancy Permit File Number: _____
 Municipal Occupancy Permit Permit Number: _____
 Municipality Name _____
 L&I UCC Certificate of Occupancy File number: _____

If "**legally occupied**," you must select which code requirements the building will comply with (choose only one):
 International Existing Building Code *Chap. 34, International Building Code*

Electricity Provider: _____
 Gas Provider: _____

Design Professional In Responsible Charge

Seal **must** be in space to right of name & address.

Name: _____
 Address: _____
 PA License #: _____
 E-Mail: _____
 Phone: _____
 Fax: _____

File #:	_____
Permit #:	_____
Date:	_____
S4	

Deferred Submissions	If you are not submitting plans and other documentation for any of the items listed below with this application, check the appropriate box below <u>and</u> indicate this on the first page of each building plan set. <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Truss Shop Drawings (Certified) <input type="checkbox"/> Sprinkler System
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Applicant's Certification:

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

1. The description of use, estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. 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 Department of Labor and Industry.
3. 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.
4. Any changes to the approved documents will be filed with the Department of Labor & Industry.
5. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Department of Labor and Industry.
6. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended to provide an accessible route to the area of primary function.
7. 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.

Applicant Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____

Applicant Signature _____ Date _____

Uniform Construction Code (UCC)
UCC PLAN REVIEW CHECKLIST

This checklist must accompany permit applications for new buildings/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 # 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:

- a) The proposed work only involves remodeling or alterations of an existing building or structure.
- b) The proposed work does not change the building's structure or means of egress.
- c) 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 ones) 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:

- Yes 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.
- Yes N/A b. Show the correct street address, parcel number and required municipal zoning (if there is local zoning ordinance) on the site plans.
- Yes N/A c. Show and identify all property lines and rights-of-way, with distance from property lines and adjacent buildings on site plans.
- Yes N/A d. Show all accessible parking spaces and signage per ICC/ANSI A117.1 and the *International Building Code* on site plan.
- Yes N/A e. Show accessible curb cuts, ramps and access ways to the building.
- Yes N/A f. Show all existing and proposed driveway entrances.
- Yes N/A g. Identify adjacent land uses and zoning.
- Yes N/A h. Show all easements, flood ways, and required buffers.
- Yes N/A i. Show existing and proposed utilities (with backflow preventers) to serve the site.
- Yes N/A j. Show existing and proposed finish grades.
- Yes N/A k. Show details, sections, and elevations needed for construction.
- Yes N/A l. Show all buffer and screening landscaping.
- Yes N/A m. Show all required parking and loading spaces and calculations.

ARCHITECTURAL PLANS:

- Yes 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).

Show all fire-rated walls (both existing and new) with their ratings, if not shown elsewhere. Drawings submitted without required fire-rated walls shown will be rejected.
- Yes N/A b. Show the square footage of each floor on the corresponding floor plans.
- Yes N/A c. Identify the names and uses of each room.
- Yes N/A d. Furnish door schedule(s), including size, type, rating (if any) and hardware.
- Yes N/A e. Provide all glazing schedules.
- Yes N/A f. 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.**)
- Yes N/A g. Provide basement percentage-below-grade calculations.
- Yes N/A h. Indicate roof slopes, drainage system and sized through wall scuppers, if applicable to the project.
- Yes N/A i. Show fixed seating for assembly occupancy to allow determination of occupancy posting required by *International Building Code*.
- Yes N/A j. Show wall sections with proposed material sizes, construction and fire-rated assemblies.
- Yes N/A k. Show proposed plumbing fixtures and privacy screens on the plans.
- Yes N/A l. If masonry construction is proposed, include the following information:
 - ___ Type of brick ties and spacing of weep holes
 - ___ Control joints
 - ___ Placement of wall flashing and reinforcement.
- Yes N/A m. If appropriate for the proposed occupancy, plans should identify all hazardous material control areas, fire barriers and the required 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 *International Building Code*.
- Yes N/A n. Show the floor slab vapor barrier.

- | | | |
|------------------------------|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | o. Show foundation water-proofing, if applicable. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | p. 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 | q. Show penthouse drawings. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | r. Provide on the drawings 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 | s. 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 walls, 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 initial plan submission. If this is the case, write in "NA," but note the following:

- These shop drawings must be submitted for Department review and approval

at least two weeks before the projected installation date.

- 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.

- Yes N/A c. Show ceiling plans with sprinkler head(s) layout, walls, soffits, openings, doors, dimensions and room identities.
- Yes N/A d. Verify system design by providing hydraulic calculations along with the following:
_____ Recent water flow test
_____ 10 percent safety margin
_____ Type of backflow-preventer or reduced pressure zone showing equivalent foot loss
_____ Fire pump summary
- Yes N/A e. Note the type of sprinkler system used (e.g., 13, 13D, or 13R)
- Yes N/A f. For residential occupancies such as apartments and condominiums, show sprinkler head locations at breezeways, if applicable.
- Yes 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.
- Yes 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.
- Yes 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.
- Yes N/A j. Indicate commodity class (per section 2303 of the *International Fire Code*) and height of any storage.
- Yes N/A k. Provide Material Safety Data Sheets for any hazardous materials (also specified under "**Architectural Plans**").
- Yes 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:

- Yes N/A a. Flow and pressure at each flowing sprinkler head
- Yes N/A b. Flow diagram for a grid system.

PLUMBING PLANS: N/A

- Yes N/A a. Show a site utilities plan, if not provided with the civil drawings.
_____ 1. Show the domestic water, fire, and irrigation services.
_____ 2. Show the location of water meters, backflow protection type and location.
_____ 3. Show the sanitary sewer service from building to public sewer or approved private sewage disposal system.
- Yes N/A b. Show interceptors as applicable to project and size by flow rate. (i.e., grease, oil, lint, acid, sand).
- Yes 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 schedules 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 system numbers. |
| <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. |

- Yes N/A m. Show the location of all UL 555-certified fire dampers, ceiling radiation dampers, smoke dampers, and fire doors.
- Yes N/A n. Show all fire-rated walls (both existing and new) with their ratings on the mechanical plans.
- Yes N/A o. All penetrations of fire-rated construction must be per manufacturer's details.
- Yes N/A p. Room names and numbers for each floor should be on a floor plan for each level.
- Yes N/A q. Provide outside air ventilation rate per the *International Mechanical Code*.
- Yes N/A r. Column line notations, if provided on the architectural/structural plans, shall be identified on the mechanical plans.
- Yes 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

- Yes 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.
- Yes 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.
- Yes N/A c. Indicate number of services and their physical locations; clearly indicate mains and characteristics.
- Yes 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.
- Yes N/A e. Show physical locations of all new and/or affected panels and switchgear (indicate front).
- Yes N/A f. Indicate receptacle plans with circuitry.
- Yes N/A g. Indicate lighting plans with circuitry.
- Yes N/A h. Show electrical plans for each affected floor, including the roof.
- Yes N/A i. Show wiring method(s), conduit sizes and types, termination temperature (60, 75, 90) requirements, conductor sizes and insulation types.
- Yes 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.
- Yes 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.).
- Yes N/A l. Provide all HVAC nameplate data, including MCA and MOCP. 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.).
- Yes N/A m. Indicate all motor horse power ratings, if not supplied elsewhere.
- Yes N/A n. Indicate the certified testing laboratory or agency (e.g., UL), their test # 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.
- Yes 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.
- Yes N/A p. Provide all applicable *International Energy Conservation Code* compliance data on the Building Code Summary sheet or on the electrical plans.
- Yes 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.)

**INSTRUCTIONS FOR COMPLETION OF BUILDING, PLUMBING,
MECHANICAL, ELECTRICAL AND FIRE PROTECTION PERMIT
APPLICATIONS AND PERMIT FORMS.**

Permits are required for all buildings and structures with the exception of one story detached single family residential accessory buildings and structures 199 square feet or less in area, however a zoning permit is required. This exemption applies to residential sheds and similar structures not intended to be occupied.

CONSTRUCTION PERMIT APPLICATION FORM:

The applicant is to complete Sections I, II and III. (IV, VI and VII optional).

I. IDENTIFICATION:

1. Proposed work site.
2. Name of owner and address.
3. Public or private ownership.
4. Principal contractor.
5. Architect or engineer if applicable.
6. Responsible person in charge of work.
7. Place the tax parcel number on the permit.

II. PROPOSED WORK:

Check the appropriate boxes.

III. DO YOU WANT? (OPTIONAL)

Check the appropriate box if you are requesting partial permit approval.

IV. OPTIONAL; CHECK APPROPRIATE BOXES.

VI. BUILDING / SITE CHARACTERISTICS;

1. Number of stories.
2. Height of structure.
3. Area – largest floor.
4. New building area. (all floors including attic space 6'-6" in height or greater)

Continued on reverse side

5. Volume of new structure.
6. Construction classification.
7. Total land area disturbed.
8. Flood Hazard zone.
9. Base flood elevation.
10. Wetlands – yes or no (check one)
11. Max. Live load.
12. Max. Occupancy load.

VII. DESCRIPTION OF BUILDING USE;

Check applicable boxes.

BUILDING, PLUMBING, MECHANICAL AND ELECTRICAL AND FIRE PROTECTION PERMIT FORMS.

The applicant is to complete sections A., B., C. and D. of the permits.

CONSTRUCTION DOCUMENTS REQUIRED;

1. Two sets of plans are required. If the building or structure exceeds 300 square feet in area the plans must be signed and sealed by a PA licensed architect or engineer. Include building, plumbing, mechanical and electrical and energy conservation information when applicable.
2. Two plot plans drawn to scale showing the lot size in square feet, metes and bounds, setbacks, size and location of proposed building or structure with distances to lot lines, building lot coverage and total lot coverage in square feet and percent, on-site water supply and sewage systems, proposed driveways with proposed grades, storm water and sedimentation controls when applicable, Flood Hazard districts and wetlands. This plan must be prepared by a Pa. licensed engineer or surveyor.
3. Place the estimated costs on the permits. The permit can not be issued without this information.
4. Copies of approved well and septic permits from the Chester County Health Department when applicable.
5. Additional information may be required depending on your specific project.

If you have any questions or need assistance please contact the Building Official at 610-268-2915 extension 103.

CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____ Tel. (____) _____

2. Name of Owner in Fee: _____ Address _____
street municipality zip code

3. Ownership in Fee: _____ Public _____ Private _____ Tel. (____) _____

4. Principal Contractor: _____ Address _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. _____ FAX: (____) _____
 Architect or Engineer _____ Tel. (____) _____
 Address _____
 5. Responsible Person in Charge of Work _____
 Tel. (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

1. Building	\$ _____	Update	Update
2. Electrical	\$ _____		
3. Plumbing	\$ _____		
4. Fire Protection	\$ _____		
5. Mechanical	\$ _____		
6. Subtotal	\$ _____		
7. Plan Review	\$ _____		
8. Administrative Fee	\$ _____		
9. I & I Training Fee	\$ _____		
10. Subtotal	\$ _____		
11. Cert. of Occupancy	\$ _____		
12. Other	\$ _____		
13. TOTAL	\$ _____		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____ ft.

9. Base Flood Elevation _____ ft.

10. Wetlands _____
 yes _____ no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Rejection	Re-viewer
1. <input type="checkbox"/> Minor Work									
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input type="checkbox"/> Alteration									
5. <input type="checkbox"/> Fire Protection									
6. <input type="checkbox"/> Plumbing									
7. <input type="checkbox"/> Electrical									
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abat.									
10. <input type="checkbox"/> Lead Hazard Abatement									
11. <input type="checkbox"/> Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks

2. High Pressure Boilers

3. Pressure Vessels

4. Refrigeration Systems

5. Cross-Connections/Backflow Preventers

6. Hazardous Uses/Places of Assembly

7. Sprinklers

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. Hotels (R-1)

2. Multi-Family (R-2)

3. 1-2 Family/R-3

4. Residential Care <17 (R4)

5.

6.

No. of dwelling units: _____

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

III. DO YOU WANT: (optional)

1. Partial Releases

2. Prototype Processing

BUILDING SUBCODE TECHNICAL SECTION



Date Received _____
Date Issued _____
Control # _____
Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS; NOTIFY THIS OFFICE.

Block _____ Lot _____
Work Site Location: _____

Owner in Fee _____
Address _____

Tele. (_____) _____
Contractor _____
Address _____

Tele. (_____) _____ Fax (_____) _____
Lic. No. of Bldgs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required			Type:				
<input type="checkbox"/> All			Footings				
<input type="checkbox"/> Footing			Foundation				
<input type="checkbox"/> Foundation			Slab				
<input type="checkbox"/> Frame			Frame				
<input type="checkbox"/> Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Finishes				
<input type="checkbox"/> Elevator			Energy				
SUBCODE APPROVAL			Mechanical				
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	TCO				
Date:			Other				
Approved by:			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

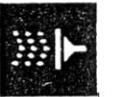
- New Building
- Addition
- Alteration
- Roofing
- Siding
- Fence _____ Height (exceeds 6') _____ Sq. Ft.
- Sign _____ Sq. Ft.
- Pool
- Asbestos Abatement
- Lead Haz. Abatement
- Other _____
- Demolition

FEE (Office Use Only)

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
Fee	\$ _____
TOTAL FEE	\$ _____

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION



Date Received _____
Date Issued _____
Control # _____
Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
Work Site Location _____

Owner in Fee _____
Address _____

Tele. (_____) _____ Fax (_____) _____
Contractor _____

Address _____
Federal Emp. No. _____

Lic. No. _____
Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ _____

B. PLUMBING CHARACTERISTICS

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Type:	Failure	Dates (Month/Day)
Joint Plan Review Required:	Slab	Failure	Approval
[] Building [] Electric	Rough	Failure	Initial
[] Fire [] Elevator	Water	Failure	Initial
[] Plumbing Plans Approved	Sewer	Failure	Initial
Date: _____	Fixtures	Failure	Initial
Approved by: _____	Gas Equipment	Failure	Initial
SUBCODE APPROVAL	Gas Piping	Failure	Initial
[] CO [] CCC [] CA	Solar	Failure	Initial
Date: _____	TCO	Failure	Initial
Approved by: _____	TCO	Failure	Initial

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature — Contractor's Seal _____

[] Licensed Plumbing Contractor [] Exempt Applicant

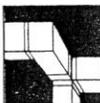
D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	\$ _____
	Urinal/Bidet	\$ _____
	Bath Tub	\$ _____
	Lavatory	\$ _____
	Shower	\$ _____
	Floor Drain	\$ _____
	Sink	\$ _____
	Dishwasher	\$ _____
	Drinking Fountain	\$ _____
	Washing Machine	\$ _____
	Hose Bibb	\$ _____
	Water Heater	\$ _____
	Fuel Oil Piping	\$ _____
	Gas Piping	\$ _____
	Steam Boiler	\$ _____
	Hot Water Boiler	\$ _____
	Sewer Pump	\$ _____
	Interceptor/Separator	\$ _____
	Backflow Preventer	\$ _____
	Greasetrap	\$ _____
	Sewer Connection	\$ _____
	Water Service Connection	\$ _____
	Stacks	\$ _____
	Other _____	\$ _____
	Other _____	\$ _____
	Other _____	\$ _____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
Fee	\$ _____
TOTAL FEE	\$ _____

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received _____
Date Issued _____
Control # _____
Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____⁵⁴ Lot _____

Work Site Location _____

Owner in Fee _____

Address _____

Tele. (_____) _____

Contractor _____

Address _____

Tele. (_____) _____ Fax (_____) _____

Lic. No. _____

Federal Emp. No. _____

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4

Heating System Conversion Replacement Solar

Fuel: Gas Oil Electric Solar

Other _____

Type: Hydronic Hot Air

Estimated Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	DATES			
	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Gas Piping	_____	_____	_____	_____
<input type="checkbox"/> Joint Plan Review Required	Appliance	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb.	Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Elevator	Oil Piping	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Mech.	Oil Tank	_____	_____	_____	_____
PLANS APPROVED	LPG Tank	_____	_____	_____	_____
Date: _____	Hydronic Piping	_____	_____	_____	_____
Approved by: _____	Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL	Chimney Cert.	_____	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO	Other _____	_____	_____	_____	_____
Date: _____					
Approved by: _____					

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO.

FIGURE/EQUIPMENT

Water Heater	_____
Fuel Oil Piping	_____
Gas Piping	_____
Steam Boiler	_____
Hot Water Boiler	_____
Hot Air Furnace	_____
Oil Tank	_____
LPG Tank	_____
Fireplace	_____
Other	_____

FEE (Office Use Only)

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
TOTAL FEE	\$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

FIRE SUBCODE TECHNICAL SECTION


 Date Received _____
 Date Issued _____
 Control # _____
 Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
 Work Site Location _____
 Owner in Fee _____
 Address _____
 Tele. (____) _____
 Contractor _____
 Address _____
 Tele. (____) _____ Fax (____) _____
 Lic. No. _____
 Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____ Fire Alarm System New [] Existing []
 Constr. Class Present _____ Proposed _____
 Heating Systems [] New [] Existing [] HVAC Location of Panel: _____
 Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System New [] Existing []
 [] Other _____ Location of Main Control Valve: _____
 Location: _____
 Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Alarm System					
<input type="checkbox"/> Joint Plan Review Required:	Suppression Sys.					
<input type="checkbox"/> Building [] Plumbing	Standpipe					
<input type="checkbox"/> Electric [] Elevator	Fire Pump					
<input type="checkbox"/> Fire Plans Approved	Pre-Eng. System					
Date: _____	Mechanical					
Approved by: _____	Smoke Control					
SUBCODE APPROVAL	TCO					
[] CO [] CCO [] CA	Final					
Date: _____	Other					
Approved by: _____						

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____
 Method of Alarm/Suppression System Supervision _____
 Storage Tanks
 Type: [] Flammable Liquid [] Combustible Liquid
 [] LPG [] LNG Capacity _____ Fuel _____
 Alarm Systems [] 110v Interconnected NUMBER _____
 [] System
 Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
 Supervisory Devices (i.e., tamper, low/high air) _____
 Signaling Devices (i.e., horn/strobes, bells) _____
 Other Devices _____
 TOTAL _____
Suppression Systems
 Fire Pump _____ GPM Type _____
 Dry Pipe/Alarm Valves _____
 Pre-action Valves _____
 Sprinkler Heads (Dry and Wet) _____
 Standpipes _____
Pre-engineered Systems
 Wet Chemical _____
 Dry Chemical _____
 CO₂ Suppression _____
 Foam Suppression _____
 Halon Suppression _____
 Other _____
 Kitchen Hood Exhaust System _____
 Smoke Control System _____
 Gas [] or Oil [] Fired Appliances _____
 Other _____

FEE (Office Use Only)

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
Fee	\$ _____
TOTAL FEE	\$ _____

Energy Code Compliance Statement

Address of Project : _____

Contractor : _____ SIGNATURE: _____

- Detached one- or two- family dwelling
 Townhouse
 Commercial
 Heat Loss Calculations (Include with Energy Efficiency Worksheet)

Compliance Path (Check One)

1. **The International Energy Conservation Code**
 A. **REScheck or COMcheck or other approved software** – Submit REScheck or COMcheck calculations for this path
 B. **(IECC) – TABLE _____**
 2. **International Residential Code, Ch. 11 – Climate Zone 4**
 3. **Pennsylvania Alternate Residential Energy Provisions – Zone S**

<u>IRC Chapter 11 Requirements</u> <u>Table N1102.1</u>	
Insulation and Fenestration Requirements by Component	
Fenestration U-Factor	0.40
Skylight U-Factor	0.60
Glazed Fenestration SHGC	NR
Ceiling R-Value	38
Wood Frame Wall R-Value	13
Mass Wall R-Value	5
Floor R-Value	19
Basement Wall R- Value	10/13
Slab R-Value & Depth	10, 2 ft.
Crawl Space Wall R-Value	10/13

<u>PA Alternate Provision Requirements</u> <u>Table PA401.1</u>	
Insulation and Fenestration Requirements by Component	
Fenestration U-Factor	0.40
Skylight U-Factor	0.60
Ceiling R-Value	38
Wood Frame Wall R-Value	13
Mass Wall R-Value	5
Floor R-Value	19
Basement Wall R- Value	10/13
Slab R-Value & Depth	10, 2 ft.
Crawl Space Wall R-Value	10/13

Provide the following information for the proposed dwelling:

- Air Conditioning Efficiency (SEER) :** _____
 Water Heating Equipment Performance (Input & Efficiency) : _____
 Recessed Light Fixture Type:

_____ Air Tight IC Fixture _____ IC or non IC Fixture in Sealed Box _____ ASTM E283 IC Fixture



New Garden Township

BOARD OF SUPERVISORS
299 STARR ROAD
LANDENBERG, PENNSYLVANIA 19350

COMMERCIAL BUILDING INSPECTIONS

The issuance of this building permit requires you to comply with all provisions set forth in the New Garden Township Building Code and Zoning Ordinance. Listed below are the stages of construction when the New Garden Township Building Official must be notified. Inspections must be scheduled a minimum of twenty-four (24) hours in advance by calling **1-800-732-2551**. Please leave your name, phone number, permit number and the type of inspection requested. Other inspections may be required as determined by the Building Official.

ZONING SETBACK INSPECTION – Inspection will be made prior to excavation of footings. The location of the proposed structure is to be staked out and lot lines identified. This inspection is to be scheduled with the New Garden Township Zoning Officer at **610-268-2915 extension 103**. Inspections must be scheduled a minimum of one working day in advance.

FOOTING- Inspection will be made upon completion of excavation of footings prior to placement of concrete. Forms and steel reinforcement when required are to be in place at this time. Soil testing reports are required to be submitted to the building official at this time.

FOUNDATION BACKFILL- Inspection will be made upon completion of the Foundation. Damproofing/waterproofing and exterior foundation perimeter drain if required are to be in place at this time. Foundation walls shall be adequately braced where backfill exceeds 4'-0" in height.

ROUGH PLUMBING- Inspection will be made prior to covering of concealed plumbing. Drain, waste and vent piping shall be tested at 5-7 p.s.i. with no leakage for 15 minutes. Water distribution Piping shall be air tested at 85-100 p.s.i. with no leakage for 30 minutes.

ROUGH FRAMING- Inspection will be made upon completion of rough framing, plumbing and concealed mechanical equipment. The rough electrical wiring must be inspected and approved by an approved third party inspection agency prior to this inspection and approval posted on the job site.

ENERGY CONSERVATION / FIRESTOPPING - Inspection will be made upon completion of insulation and fire stopping.

MECHANICAL ROUGH IN – Inspection shall be made upon completion of concealed mechanical equipment / ducts, returns, gas piping prior to concealment.

WALLBOARD INSPECTION-Inspection shall be made upon completion of wallboard prior to taping and spackling. The structure shall be weather proof prior to hanging wallboard.

AUTOMATIC FIRE SUPPRESSION SYSTEMS- (Approved Third Party inspection agency)

FIRE SERVICE MAINS- Inspection will be made upon completion of underground mains and thrust blocks prior to burial. 200 p.s.i. hydrostatic test required for two(2)hours with no leakage.

Mains shall be flushed in accordance with N.F.P.A. requirements and to the Building Officials and local water authority satisfaction.

FIRE SUPPRESSION SYSTEMS - Inspection will be made upon completion of sprinkler piping. A 200 p.s.i. hydrostatic test is required for two (2) hours with no leakage.

Systems shall be flushed in accordance with N.F.P.A. applicable provisions and to the Building Officials satisfaction.

FINAL ACCEPTANCE TEST- Test will be performed with the Building Official Present.

AUTOMATIC FIRE ALARM SYSTEMS- Inspection will be made upon completion of system. Final acceptance test required.

FINAL INSPECTION- Inspection will be made upon completion of the building prior to use or occupancy of the building. A Final electrical Inspection by an approved third party inspection agency is required prior to this inspection.

ACCESSIBILITY INSPECTION- This inspection shall be scheduled upon completion of ALL site work and the building prior to the issuance of a certificate of use and occupancy.

SPECIAL INSPECTIONS – Special inspection reports as noted on the approved construction documents shall be submitted to the building official prior to issuance of certificate of use and occupancy. Such inspections may include fabricators of structural load bearing members, steel erection, welding, high strength bolts, concrete, engineered masonry, soils, e.i.f.s. wall coverings and smoke control systems as referenced in the International Building Code.

Copies of the following documents as applicable are to be provided to the inspector at the Final inspection for a certificate of occupancy to be issued.

- a. **Buyer or owners name and 911 address of the structure.**
- b. **Signed off sewer permit, township or CCHD.**
- c. **Signed off well permit from CCHD.**
- d. **CCHD potable water test. (Lateral to structure if public water and main if new pipeline).**
- e. **Approved driveway permit signed off by township engineer or PENN DOT**
- f. **Electrical inspection certificates for electric service, rough wiring, h.v.a.c. equipment wiring and Final inspection.**
- g. **All fees paid. (Park & recreation, Road improvement, etc.)**
- h. **“AS BUILT” site plan prepared by a Pa. registered engineer or land surveyor with seal and signature demonstrating zoning compliance.**
- i. **Automatic fire detection and fire protection system acceptance test certificates.**
- j. **Approvals of other jurisdictions as applicable. (Pa. Dept. of Labor & Industry, CCHD, etc.)**
- k. **Energy Conservation compliance certificate signed by the contractor(s).**

Certificates of use and occupancy are generally ready the following work day however during times of peak construction please allow up to five (5) working days for issuance.

Any changes or revisions to the approved plans must be approved by the Building Official prior to commencement of such changes or revisions.

A building or structure may not be used or occupied until a certificate of use and occupancy has been issued.

I hereby acknowledge receipt of this form.

Signature of applicant

DATE: _____

NEW GARDEN TOWNSHIP SEWER AUTHORITY

Township Building
299 Starr Road
Landenberg, PA 19350

02/20/06 601114

APPLICATION FOR SEWER CONNECTION AND SERVICE

The undersigned, being the Owner, Owner's Agent or Lessee of the property known as:

(Number) (Street/Road/Lane) (Unit Number)

owned by: _____, does hereby apply for authorization to connect to and be served by the New Garden Township sewer system. The connection is associated with the following uses (note all that apply): residential, commercial, industrial, institutional, mixed or other. The number of gallons of effluent discharged per day for each such use is expected to be: residential, commercial, industrial, institutional, mixed or other: FOR OTHER THAN RESIDENTIAL, APPLICANT MUST SUBMIT CALCULATIONS TO SUPPORT THE INDICTED FLOW.

In conjunction with obtaining authorization to connect to and be served by the New Garden Township Sewer Authority sewer system and as an explicit condition of the granting of such authorization, the undersigned agrees:

- 1. To accept and abide by all provisions of Ordinances No. 46, 51 and 96 as amended and by Resolutions No. 385 and 130 of the Township of New Garden and all other pertinent ordinances, regulations or amendments thereto adopted by the Board of Supervisors of the Township of New Garden and/or by the New Garden Township Sewer Authority with respect to the discharge of wastes, storm water, ground water, sub-surface drainage, cooling water and industrial process water and other effluent into the said sewer system; and
2. To pay all lawful charges for sewer service as and when due.

Signature of Applicant and Title

Printed Name of Applicant

Address of Applicant

Address of Applicant

Telephone Number of Applicant

Owner's Billing Address:

Owner's Permanent Address:

Telephone Number of Owner

Chester County Tax Parcel Number

Structures Served: Number _____

Type _____

Source of Water: [] CWA [] Well

Number of CWA Meters/Bills: _____

Application Fee: \$ 75.00 (For NGTSA Use) Date Payment Received: _____ Received By: _____

Tapping Fee: _____ for each EDU X _____ Number of EDUs = \$ _____

Date Payment Received: _____ Received By: _____

Application Approved: _____ Date: _____ Verified By: _____

CONNECTED AND APPROVED: Date: _____ (For NGTSA Use) Inspected By: _____

Occupancy for periods of less than a full quarter will result in the minimum quarterly sewer user fee being billed plus a fee for discharge in excess, if any, of the minimum allocation.

ANY EARTH DISTURBANCE IN NEW GARDEN TOWNSHIP REQUIRES EROSION AND SEDIMENT CONTROL

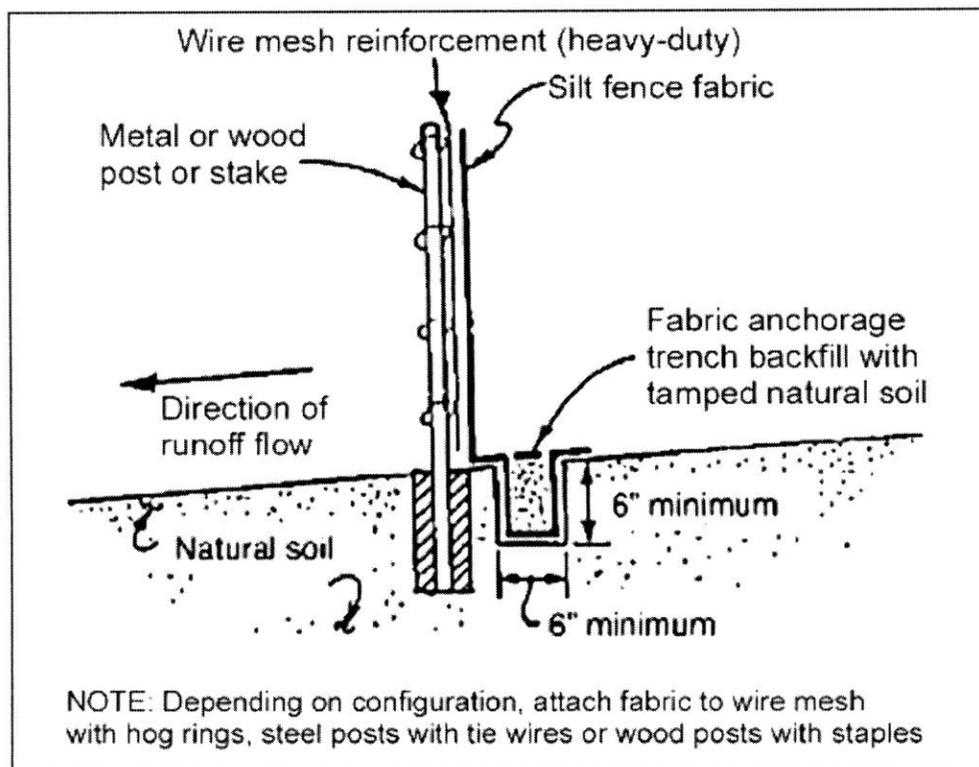


Figure 1: Typical Installation for Silt Fence

Read the following pages to learn about the requirements