

Manufactured Home

The applicant is to complete the Construction Permit Application as follows;

- I. Identification
 1. Proposed work site.
 2. Name and address of owner.
 3. Ownership.
 4. Principle contractor and address.
 5. Architect or engineer if applicable. (Required if home is on permanent foundation).
 6. Responsible person in charge of work and phone number.

- II. Proposed Work
 1. Check applicable boxes and place estimated costs in spaces provided.

- VI. Building / Site Characteristics
 1. Number of stories.
 2. Height of structure.
 3. Largest floor area.
 4. Building area.
 5. Construction classification. (VB)
 6. Total land disturbed.
 7. Flood Hazard Zone. (yes or no)
 8. Wetlands. (yes or no)

- VII. Description of building use.
 2. Multi-family.
 3. Single family.

REQUIRED INFORMATION

The applicant is to submit the following information in duplicate with the completed application and Permit.

1. Site plan drawn to scale showing the property lines and the size and location of the proposed home with distances to the property lines and other buildings.

Continued on reverse side

2. **CONSTRUCTION DOCUMENTS REQUIRED:**

A. **NEW MANUFACTURED HOMES** assembled and shipped by the manufacturer and which bears a label which certifies that it conforms to Federal construction safety standards adopted under the Housing and Community Development Act of 1974 shall be installed in accordance with the manufacturers approved installation instructions and design information applicable to the particular home. **A copy of the manufacturer's installation and design information is required to be on site at the time of inspection.** Construction activities or processes including utility connections and grading not addressed by the manufacturer's approved design must comply with the Uniform Construction Code. **Prior to the issuance of a certificate of occupancy the certified installer shall submit a certificate of compliance to the Building Code Official.**

B. **RELOCATED (USED / RESOLD) MANUFACTURED HOMES, ADDITIONS, ALTERATIONS, REPAIRS, CHANGE OF OCCUPANCY** shall comply with the provisions of the Uniform construction Code.

C. **FLOOR PLAN** of the home showing dimensions, room names, means of egress, doors, windows and smoke detectors.

D. **FRONT, SIDE AND REAR ELEVATIONS OF THE HOME.**

E. **BLOCKING DETAILS** showing points of lateral support, footing sizes and spacing, type and location of tie downs for relocated or resold manufactured homes.

F. **A CODE COMPLIANT LANDING / STAIRS** are required at each means of egress. Provide a construction detail of the landing and stairs.

G. **WELL AND SEWAGE PERMITS** – Submit a copy of the Chester County Health Departments approved WELL and SEWAGE permits for on site private water supply and sewage systems or a copy of the Township approved public sewer connection form and C.W.A. approval for water service connection where applicable.

THIS IS REQUIRED FOR ALL NEW HOMES, RELOCATED HOMES AND WHEN INCREASING THE NUMBER OF BEDROOMS. Contact the C.C.H.D. at 610-869-0560

H. If you are replacing an existing home you must contact the Township Tax Collector to obtain a permit to remove the existing home. The cost of the permit is \$2.00. **A permit for a replacement home can not be issued until this permit is obtained.**

If you have any questions you may contact the Building Code 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: _____ Tel: (____) _____
 Address _____
street municipality zip code

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

4. Principal Contractor: _____ Tel: (____) _____
 Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. _____ FAX: (____) _____
 Architect or Engineer _____ Tel: (____) _____
 Address _____

6. 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. Elevator Devices	_____		
6. Subtotal	\$ _____		
7. Less 20% for State Plan Review	_____		
8. Subtotal	\$ _____		
9. DCA Training Fee	_____		
10. Subtotal	_____		
11. Cert. of Occupancy	_____		
12. Other	_____		
13. TOTAL	\$ _____		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ (office use only)

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 _____

9. Base Flood Elevation _____ ft.

10. Wetlands yes _____ no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)					
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Re-submission Dates
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. Subch. 8							
10. <input type="checkbox"/> Lead Hazard Abatement							
11. <input type="checkbox"/> Demolition							
TOTAL COSTS							

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. Hotels (R-1)

2. Multi-Family (R-2)

3. Two-Family (R-3) BOCA

4. Two-Family (R-4) CABO

5. One-Family (R-3) BOCA

6. One-Family (R-4) CABO

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

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

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. or Bldrs. Reg. No. _____
Federal Emp. No. _____

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

- New Bldg. \$ _____
- Alteration \$ _____
- 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 _____

Sign _____ Sq. Ft.

Pool

Asbestos Abatement

Lead Haz. Abatement

Other _____

Demolition

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. (____) _____
 Contractor _____
 Address _____
 Tele. (____) _____ Fax (____) _____
 Lic. No. _____
 Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

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

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	_____
_____	Greasetrapp	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Joint Plan Review Required:

Joint Plan Review Required:
 Building Electric
 Fire Elevator
 Plumbing Plans Approved

Date: _____
 Approved by: _____

SUBCODE APPROVAL
 CO CCO CA

Date: _____
 Approved by: _____

INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
Type: Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
Solar	_____	_____	_____	_____
TCO	_____	_____	_____	_____

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.

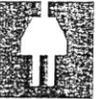
Signature — Contractor's Seal _____

Licensed Plumbing Contractor Exempt Applicant

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

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

ELECTRICAL 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/Occupant _____
Address _____

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

Lic. No. _____
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
 Pole/Pad # _____ Temporary Other _____
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
Joint Plan Review Required:			Type:	Failure	Approval
<input type="checkbox"/> No Plans Required			Rough		
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing		Temp. Serv.		
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator		Constr. Serv.		
<input type="checkbox"/> Elec. Plans Approved			TCO		
Date: _____			Other		
Approved by: _____			Service		
			Final		
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued		
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Final Cut-in-Card Date Issued		
Date: _____					
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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature _____

Licensed Electrical Contractor Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV Lights _____
 Storable Pool/Spa/Hot Tub _____
 KW Elec. Range/Receptacle _____
 KW Over/Surface Unit _____
 KW Elec. Water Heater _____
 KW Elec. Dryer/Receptacle _____
 KW Dishwasher _____
 HP Garbage Disposal _____
 KW Central A/C Unit _____
 HP/KW Space Heater/Air Handler _____
 KW Baseboard Heat _____
 HP Motors 1/+ HP _____
 KW Transformer/Generator _____
 AMP Service _____
 AMP Subpanels _____
 AMP Motor Control Center _____
 KW Elec. Sign/Outline Light _____

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

MANUFACTURED HOME 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. Building 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.

SITE INSPECTION – This inspection will be made prior to excavation of footings or placement of the home. The location of the proposed structure must be identified and the property lines are to be 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.

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

FINAL INSPECTION- Inspection will be made upon completion of the building prior to use or occupancy of the building. The electrical service must be inspected by an approved third party inspection agency prior to the Final Inspection.

Homes that are installed on piers must be inspected prior to the installation of skirting.

Continued on reverse side

Copies of the following documents where 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.**
- f. Electrical inspection certificates for electric service.**
- g. Certificate of compliance from certified installer.**

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: _____

Sign and return with permit application

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

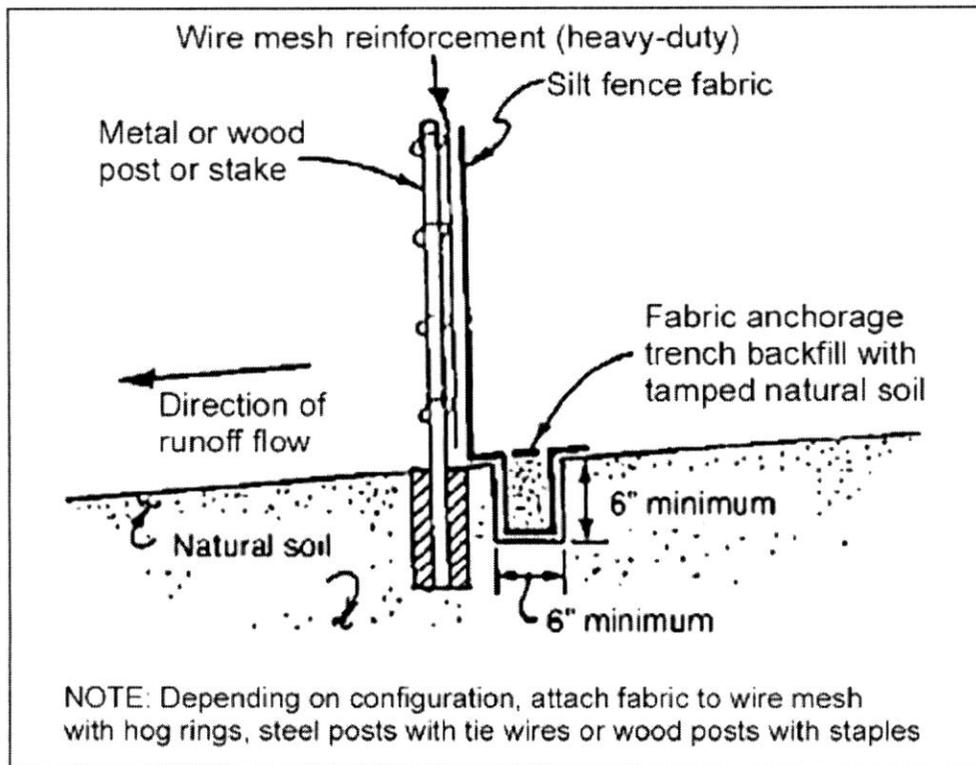


Figure 1: Typical Installation for Silt Fence

Read the following pages to learn about the requirements