

**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.



# 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 Bids. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

JOB SUMMARY (Office Use Only)					
PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	_____	_____	Type: Footing	_____	_____
<input type="checkbox"/> All	_____	_____	Footing	_____	_____
<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 <input type="checkbox"/> Elevator	_____	_____	Finishes	_____	_____
SUBCODE APPROVAL			Energy	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCCO <input type="checkbox"/> CA	_____	_____	Mechanical	_____	_____
Date: _____	_____	_____	TCO	_____	_____
Approved by: _____	_____	_____	Other	_____	_____
_____	_____	_____	Final	_____	_____
_____	_____	_____	Barrier-Free	_____	_____

### B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
No. of Stories \_\_\_\_\_ Ft.  
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

TYPE OF WORK:	FEE (Office Use Only)
<input type="checkbox"/> New Building	\$ _____
<input type="checkbox"/> Addition	\$ _____
<input type="checkbox"/> Alteration	\$ _____
<input type="checkbox"/> Roofing	\$ _____
<input type="checkbox"/> Siding	\$ _____
<input type="checkbox"/> Fence _____	Height (exceeds 6') _____
<input type="checkbox"/> Sign _____	Sq. Ft. _____
<input type="checkbox"/> Pool	\$ _____
<input type="checkbox"/> Asbestos Abatement	\$ _____
<input type="checkbox"/> Lead Haz. Abatement	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Demolition	\$ _____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

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. \_\_\_\_\_

**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	_____
_____	Grastrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

**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 \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Type: _____	Failure _____ Approval _____ Initial _____
<input type="checkbox"/> Joint Plan Review Required:	Slab _____	
<input type="checkbox"/> Building <input type="checkbox"/> Electric	Rough _____	
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Water _____	
<input type="checkbox"/> Plumbing Plans Approved	Sewer _____	
Date: _____	Fixtures _____	
Approved by: _____	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.

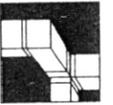
Signature — Contractor's Seal \_\_\_\_\_

Licensed Plumbing Contractor  Exempt Applicant

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

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 \_\_\_\_\_ Lot \_\_\_\_\_  
 Work Site Location \_\_\_\_\_  
 Owner in Fee \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tele. (\_\_\_\_\_) \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tele. (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
 Lic. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

**B. MECHANICAL CHARACTERISTICS**

Use Group R-3/R-4  
 Heating System  Conversion  Replacement  
 Fuel:  Gas  Oil  Electric  Solar  
 Other \_\_\_\_\_  
 Type:  Hydronic  Hot Air  
 Estimated Cost of Mechanical Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:  No Plans Required  Replacement  
 Joint Plan Review Required  
 Bldg.  Plumb.  
 Elec.  Elevator  
 Fire  Mech.  
 PLANS APPROVED  
 Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 SUBCODE APPROVAL  
 CA  CCO  
 Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_

INSPECTIONS	DATES			
	Type:	Failure	Failure	Approval
Gas Piping	_____	_____	_____	_____
Appliance	_____	_____	_____	_____
Chimney/Vent	_____	_____	_____	_____
Oil Piping	_____	_____	_____	_____
Oil Tank	_____	_____	_____	_____
LPG Tank	_____	_____	_____	_____
Hydronic Piping	_____	_____	_____	_____
Fireplace	_____	_____	_____	_____
Chimney Cert.	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

**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

**FEE (Office Use Only)**

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Other	_____
Administrative Surcharge		\$ _____
Minimum Fee		\$ _____
<b>TOTAL FEE</b>		<b>\$ _____</b>

# 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 (\_\_\_\_) \_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_

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

### B. ELECTRICAL CHARACTERISTICS

JOB SUMMARY (Office Use Only)	PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required					Rough				
Joint Plan Review Required:									
[ ] Building [ ] Plumbing					Temp. Serv.				
[ ] Fire [ ] Elevator					Constr. Serv.				
[ ] Elec. Plans Approved					TCO				
Date: _____					Other				
Approved by: _____					Service				
					Final				
SUBCODE APPROVAL					Temp. Cut-in-Card				
[ ] CO [ ] CCO [ ] CA					Final Cut-in-Card				
Date: _____					Date Issued				
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	FEE (Office Use Only)
		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 UVW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/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	

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

Residential Plan Review Checklist  
New construction and Additions

**1. Submit two site plans with the following information.**

- A. ( ) Scale 1 inch = 20 feet.
- B. ( ) North arrow.
- C. ( ) Lot size with metes and bounds.
- D. ( ) Lot number and address.
- E. ( ) Existing and proposed contours.
- F. ( ) Proposed erosion and sedimentation and storm water management facilities.
- G. ( ) Size and location of existing and proposed buildings with distances to lot lines and other buildings or structures and driveway.
- H. ( ) Locations of on site well and sewage system.
- I. ( ) Locations of any easements or right of ways.
- J. ( ) Locations of any streams, wetlands and flood hazard districts.
- K. ( ) Building coverage and lot coverage's in square feet and percent.
- L. ( ) The site plan is to be sealed by an engineer, architect, surveyor or landscape architect registered in Pennsylvania.

**2. Submit two complete sets of architectural plans with the following information.**

- A. ( ) Scale  $\frac{1}{4}$  inch = 1 foot.
- B. ( ) Foundation plans and details.
- C. ( ) Floor plans.
- D. ( ) Elevations.

Continued on reverse side

- E. ( ) Detailed cross section of walls.
- F. ( ) Roof truss details signed and sealed by an engineer registered in Pennsylvania.
- G. ( ) Provide REScheck checklist to ensure compliance with IECC.
- H. ( ) Schematic of plumbing d.w.v. and water distribution piping.
- I. ( ) Architectural seal and signature required if over 300 square feet in area.
- J. ( ) Additional information may be required by the Building Code Official after the initial review.

# 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 RESIDENTIAL BUILDING INSPECTIONS One & Two Family Dwellings and Additions

The issuance of this building permit requires you to comply with all provisions set forth in the Pennsylvania Uniform Construction Code and the New Garden Township Building Code and Zoning Ordinance. Listed below are the stages of construction when the New Garden Township Zoning officer or Construction Code 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. The location of the proposed structure must be staked out and the lot 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 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 p.s.i. with no leakage for 15 minutes or with water not less than 10 feet above the highest point for 15 minutes with no leakage. Water supply distribution piping shall be tested and proved water tight under pressure of not less than the working pressure of the system or for piping systems **other than plastic**, by an air test of not less than 50 p.s.i. for not less than 15 minutes with no leakage. The water used for tests shall be obtained from a potable water source.

**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. All fire stopping is to be completed at this time.

**BUILDING SEWER** - Prior to covering, the building sewer shall be tested by insertion of a test plug at the point of connection with the public sewer and filling the building sewer with water, testing with not less than a 10- foot head of water and be able to maintain such pressure for 15 minutes.

**WATER SERVICE-** Prior to covering, the water supply piping shall be tested and proved water tight under a pressure of not less than the working pressure of the system or, for piping systems other than plastic, by an air test of not less than 50 p.s.l. This pressure shall be held for not less than 15 minutes. The water used for testing shall be obtained from a potable water source.

CONTINUED ON REVERSE SIDE

**MASONRY INSPECTIONS-** Inspection is to be scheduled prior to covering of exterior water-resistive barriers and lath and upon completion of stucco, stone, brick veneer and masonry fireplaces where applicable.

**WALLBOARD INSPECTION** – Inspection will be made upon completion of installation of wallboard prior to taping and spackling. The structure shall be weather proof and heated prior to installation of wallboard.

**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.

**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.
- f. Electrical inspection certificates for electric service, rough wiring, h.v.a.c. equipment wiring and Final inspection.
- g. All fees paid. (Subdivision engineering review, 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. Energy Conservation compliance certificate.

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

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 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: \_\_\_\_\_ 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

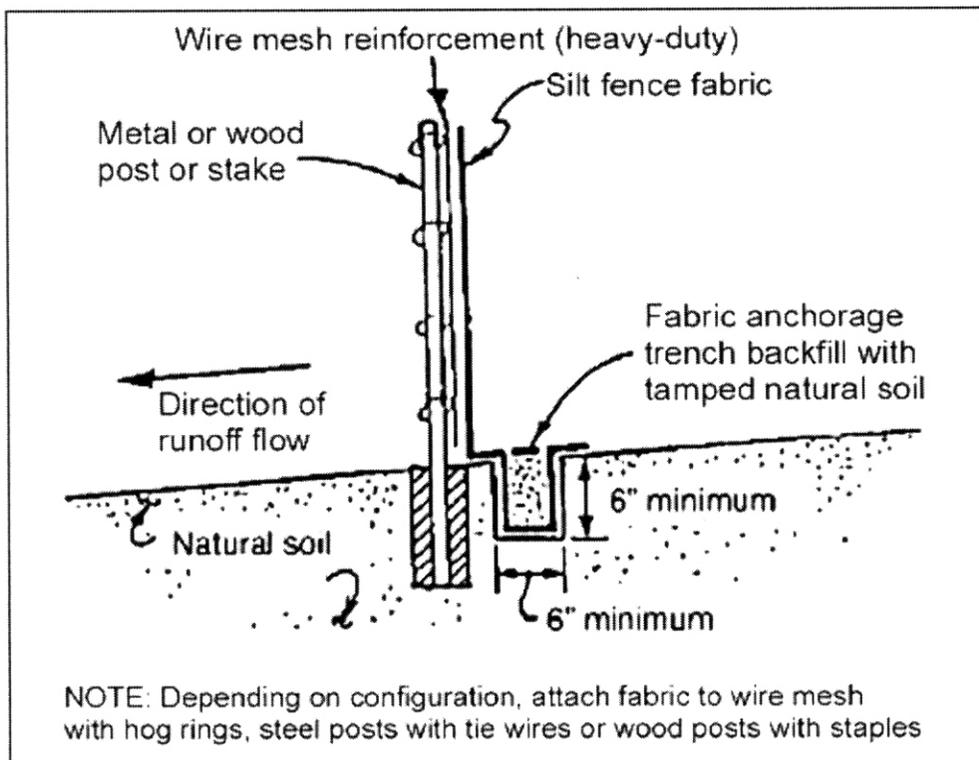


Figure 1: Typical Installation for Silt Fence

Read the following pages to learn about the requirements