



New Garden Township

BOARD OF SUPERVISORS
299 STARR ROAD
LANDENBERG, PENNSYLVANIA 19350

Spa & Hot Tub Permit Submittal Guide

Permit Application Process:

Complete Sections A., B., C. and D. of the Building Subcode and Electrical Subcode Technical Sections.

Place the estimated cost of the Spa or Hot tub on the Building Subcode Section in the space provided.

Place the estimated cost of the electrical work on the Electrical Subcode Section in the space provided.

Indicate if the Spa or hot tub is to be installed indoor or outdoor.

Sign Building / Electrical Subcode Sections in space provided.

Submit two copies of the spa / hot tub installation instructions and specifications.

Submit information on the required safety cover or barrier fencing. (minimum 4 foot high non-climbable code compliant barrier or approved safety cover).

Submit two copies of your site plan (outdoor installations) showing the location of the spa / hot tub and distance to property lines.

Sign and return the required inspection forms with your application.

The permit fee is two percent (2%) of the estimated cost of the hot tub / spa installation. The electrical permit is a flat fee of \$50.00. There is also a \$4.00 fee for the PA. Department of Labor and Industry. The permit fee is payable when the permit is approved.

CONTINUED ON REVERSE SIDE

Conditions to consider that affect installation:

Existing floors and decks are not designed to safely support the loads imposed by the spa or hot tub, that is, the weight of the unit, weight of the water and the occupants. If you are installing the unit on an existing or new deck the deck must be reviewed by a Pennsylvania registered architect or engineer to determine if the deck is capable of safely supporting the loads and or to determine what if any corrections must be made to the deck. You will be required to submit a copy of this documentation from the architect or engineer.

Overhead electrical and communication cables require clearances based on the National Electrical Code.

Electrical wiring and equipment shall be installed in accordance with the latest edition of the National Electrical Code. Electrical requirements are different for inside and outdoor installations. Contact a reputable electrician for electrical code requirements such as;

- Overhead wires and cables
- Wiring methods, disconnects
- Receptacle outlet locations (new and existing)
- Light fixture, ceiling fan and switch locations
- Ground fault circuit interrupter protection
- Landscape lighting & wiring
- Bonding requirements: pumps, metal fencing, etc.

If you have any questions regarding the permit process please call the Codes Department 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: (____) _____

5. Architect or Engineer _____ Tel: (____) _____

Address _____

6. Responsible Person in Charge of Work _____ FAX: (____) _____

Tel. (____) _____

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. L & I Training Fee	\$ _____		
10. Subtotal	\$ _____		
11. Cert. of Occupancy	\$ _____		
12. Other	\$ _____		
13. TOTAL	\$ _____		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____

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 _____

(office use only)

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
							Approval	Rejection
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								

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

1. Elevators/Escalators/Lifts/
Dumbwalkers/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

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

1. Elevators/Escalators/Lifts/
Dumbwalkers/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

OPTIONAL (for office use only)

(office use only)

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 _____
Tel: (_____) _____
Contractor _____
Address _____
Tele: (_____) _____ Fax (_____) _____
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
PLAN REVIEW	_____	_____	Type: _____	_____	_____	_____	_____
<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	_____	_____	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 _____ 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 _____

TYPE OF WORK:

- New Building
- Addition
- Alteration
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- 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

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 _____

Tele. (_____) _____
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 \$ _____

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

FEE (Office Use Only)

\$ _____

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)		
						Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/>	No Plans Required					Rough				
<input type="checkbox"/>	Joint Plan Review Required:					Temp. Serv.				
<input type="checkbox"/>	Building	<input type="checkbox"/>	Plumbing			Const. Serv.				
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator			TCO				
<input type="checkbox"/>	Elec. Plans Approved					Other				
	Date: _____					Service				
	Approved by: _____					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

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
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Spa & Hot Tub Required Inspections

The issuance of this permit requires you to comply with all provisions set forth in the Pennsylvania Uniform Construction Code and the New Garden Township Zoning Ordinance. Listed below are the stages of Construction when the New Garden Township Zoning Officer and Building Inspector 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. Site inspections are to be scheduled with the New Garden Township Zoning Officer at **610-268-2915 extension 103**.

SITE INSPECTION (OUTDOOR INSTALLATIONS) –This inspection will be made prior to the installation of the spa / hot tub. The spa / hot tub location and property lines are to be identified to determine compliance with zoning setbacks.

FINAL INSPECTION- This inspection will be made upon completion of the spa / hot tub installation prior to using the spa or hot tub. All electrical wiring must be approved by a Third Party electrical inspection agency at this time. The approval must be posted at the site and sent to New Garden Township.

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

I hereby acknowledge receipt of this form.

Signature of applicant

DATE: _____

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

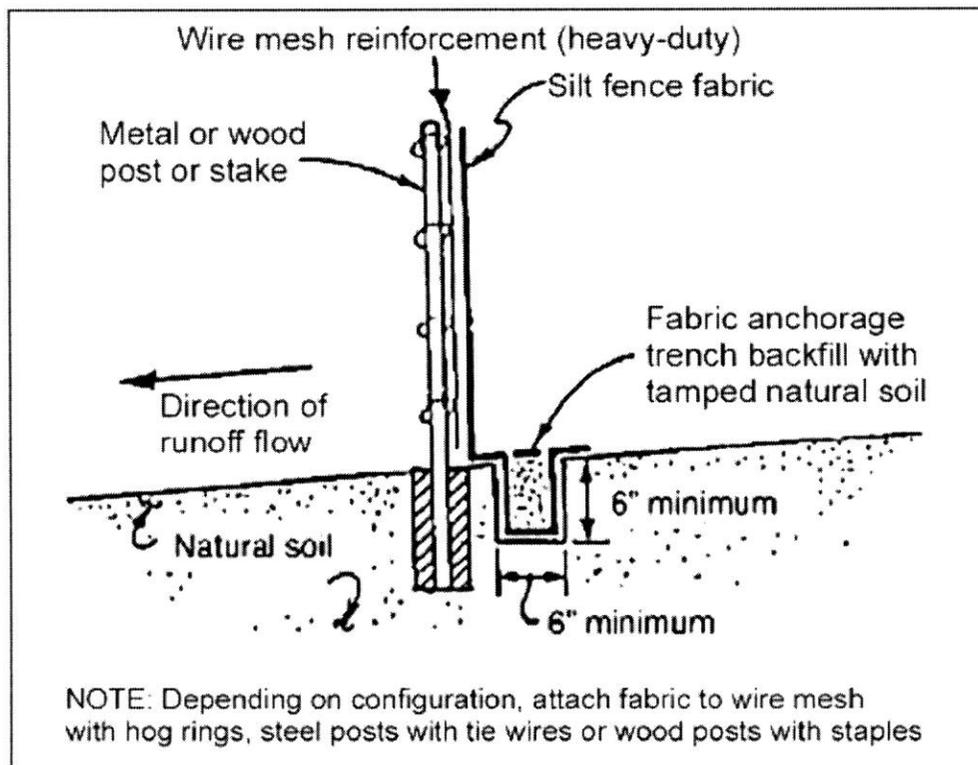


Figure 1: Typical Installation for Silt Fence

Read the following pages to learn about the requirements