

## **BOROUGH OF PERKASIE**

620 W. Chestnut Street PO Box 96 Perkasie, Pa. 18944-0096

Phone(215) 257-5065Fax(215) 257-6875

CONSTRUCTION	PERMIT APP	LICATION			PEF	RMIT #		
COMPLETE EVERY	SECTION. EVERY A						LANS AND	) AN
	PI	ROPERTY / SIT	E INFORM	ATION:				
SITE ADDRESS:				TAX MAP I	PARCE	L # <b>33</b> -		
SUBDIVISION/LAND DEVELO	PMENT:			LOT #	PF	IASE	SECTION	
WATER SUPPLY: DUBL	C 🗆 PRIVATE	SEWAGE DISPOS	SAL : 🗆 PUBLI	C 🗆 PRIVA	TE			IERICAL
		CONTACT II	NFORMATIO	N				
PROPERTY OWNERS NAME	(S):							
MAILING ADDRESS:	CITY:				STATE:	ZIP:		
PHONE:		EMAIL:						
APPLICANT (IF NOT OWNER	R):				LIC #		1	1
MAILING ADDRESS:			CITY:				STATE:	ZIP:
PHONE:		EMAIL:						
MAY WE EMAIL YOU REGAR	DING THIS APPLICATION	ON? □ YES	□ NO					
		PROPOSED	TYPE OF WO	RK			-	
<ul> <li>NEW BUILDING</li> <li>ADDI</li> <li>DEMOLITION</li> <li>RELO</li> <li>OTHER IF OTHER, PLEASE</li> </ul>		TION ATION ONLY	CHANGE	OF USE	-	IMBING CHANICAL		ICAL
		DESCRIBE THE	PROPOSED V	VORK				
		CONTRACTOR		ION				
	NA	ME AND ADDRE			РНС	DNE# PA	LIC #	Exp Date
Design Professional							-	
Principal Contractor								
Excavation								
Masonry								
Concrete								
Carpentry								
Plumbing								
Sewer								
Electrical								
Mechanical								
Roofing								
Drywall/Lathing								
Sprinkler								
Paving Fire Alarm								
TOTAL ESTIMATED COST		l (reasonable fa	ir market v	alue) \$				

BUILDING SECTION: ESTIM			ESTIN	IATED	COST OF PR	OPOSED	WORK: (Co	ntract Valu	ie) \$		
Number of	Resident	ial Units	Existin	ıg:		Proposed:					
Type of Frame Structure: Wood		Masonry	/	Concrete	Steel	Pre-Man	ufactured	Other :			
Does or will your building contain any of the			of the followi	ing:	Elevator	/Escalato	ors/Lifts/ Mov	ing Walks	Refrigera	ation System	
Pressure	e Vessel		Spri	nkler System	Fire	olace( s):	Fue	el Type	Vent Type	::	
Bedrooms(#	<sup>±</sup> )		Stories (#	)		Basement	Area (sqf	ît)	Street Fro	ntage (Ft)	
Full Baths(#	)	Building Area (sqft)			Office/Sales (sqft)		Height Ab	ove Grade (Ft)			
Partial Bath	s(#)		Living Are	a (sqft)		Service (so	lft)				
Garages (#)			Garage Ar	rea (sqft)		Outside Pa	arking(#)				
Setbacks: Front Yard:			Side	Yard:			Rear Yard				

PLUMBING SECT	TION:	ESTIM	IATED (	COST OF PRO	POSED WO	RK: (Contract	: Value) \$	
WATER SERVICE	Public	Private	SEWER SERVICE		Public	Private	(BCHD Permit #)	
	Ente	r the number and	size of f	ixtures being r	epaired, repla	aced, or instal	led.	
Tub/Showers	Laun	Laundry Tubs		Sinks		١	Nater Softeners	
Shower Stalls	Dish	Dishwashers		Sewage Ejecto		Water Pumps		
Lavatories	Garb	Garbage Disposals		Back Flow Prevention			Water Service	
Toilets	Urina	rinals		Water Heater		S	ewer Connection	

MECHANICAL SECTION:				E	ESTIM	ATED CC	ST OF PROPOS	SED WORK: (	Contract Value)	\$
FUEL Type	G	ias	Oil	Oil L.P. Elect		Electric	ric Coal W		Other:	
	Enter the number and size of Units being replaced, or installed.									
Forced Air Fu	rnace	Electric Furnad		c Furnace			Gravity Furnace		Coil Unit	
Solid Fuel App	pliance		Space	Heater	r		Incinerator		Gas/Oil Convers	sion
Heat Pump			Unit He	eater	A/C Compressor		r	Air Cleaner		
Air Handling l	Unit		Boiler				Split A/C Unit		Other:	

ELECTRICAL SECTION:				ESTIMATED COST OF PROPOSED WORK: (Contract Value) \$						
Service Amps		# of Circuits	;	# of Service outlets		110V	220V	Utility #		
	Enter the	e number	r and size of fi	xtures b	peing repaired, repla	ced, or inst	alled.			
Device	Qty	Load/Output		Device	Qty	Load/Output	De	vice	Qty	Load/Output
Switches			Sm	noke Det			Spa / I	Hot Tub		
Receptacles			Dis	hwasher			A/C	Unit		
Circuit Panel			V	Vasher			He	ater		
Lights				Dryer			Hot Wat	er Heater		

FIRE PROTECTION	SECTION:	ESTIMATED COST OF PROPOSED WORK: (Contract Value) \$					
	Enter the nu	umber and size	e of Equipment being replac	ced, or in	stalled		
Sprinkler System	Fire Hydrants		Suppression System		Hood Suppression System		
Stand Pipe	Fire Pumps		Fire Detection System		Smoke Control System		
Fire Alarm System	Other:						

	Is the site located within an Identified flood hazard area?	YES	NO				
FLOODPLAIN:         Is the site foculated within an identified flood hazard area be developed?         YES         NO							
Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National							
Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3							
Lowest Floor Level:							

HISTORIC DISTRICT:	Is the site located within a Historic District?	YES	NO			
If construction is proposed within a Historic District, a certificate of appropriateness may be required by the Borough.						

	APPLICANT/OWNER ACKNOWLEDGEMENT								
PLEASE INITIAL AND ACKNO	WLEDGE T	HE FOLLOWING:							
BEING PROPOSED. Li information may be r	<ul> <li>HAVE PROVIDED 3 COMPLETE SETS OF PLANS AND SPECIFICATIONS SUFFICIENT TO INDICATE THE SCOPE OF WORK</li> <li>BEING PROPOSED. Listed below are some basic examples of information necessary to complete a plan review. Additional information may be requested depending on the intended project.</li> <li>Project design shall conform to the most current edition of the International Residential Code adopted by the</li> </ul>								
Drawings shall spece	Commonwealth of Pennsylvania. • Drawings shall specify all site information such as address, lot number, TMP number, owner name and type of work								
Drawings shall inclu	<ul> <li>Proposed. This information shall be reflected on all pages.</li> <li>Drawings shall include Floor plan showing new construction in comparison to existing, room labels or use of rooms, bearing locations, window and door sizes, header sizes and all other pertinent information.</li> </ul>								
			all locations. Detail should include ootings where applicable.	e a footprint o	r outline of the				
<ul> <li>Pre-cast concrete p specs.</li> </ul>	anels and all	other pre-manufacture	ed products shall have manufactur	ers engineere	ed designs and				
	<ul> <li>Insulation and thermal values shall be indicated for walls, ceiling, floors, basement walls and slab perimeter.</li> <li>Indicate electrical components including locations and sizes.</li> </ul>								
	I HAVE SUBMITTED A COPY OF PERKASIE BOROUGHS WORKERS COMPENSATION INSURANCE TO ADDENDUM TO BUILDING PERMITS AND A COPY OF A CERTIFICATE OF INSURANCE.								
	I HAVE SUBMITTED ALL OTHER REQUIRED APPLICATIONS FOR APPROVAL THAT ARE APPLICABLE TO THIS PROJECT. (Zoning, Grading, SALDO, ETC.) NO WORK CAN BEGIN UNTIL ALL REQUIRED PERMITS ARE ISSUED.								
I WILL SUBMITT ALL	FOUNDATIO	N & AS-BUILT PLANS FO	OR NEW CONSTRUCTION (IF APPL	ICABLE)					
I AM REQUIRED TO C	OMPLETE W	ORK WITHIN SIX (6) M	ONTHS OF THE DATE ISSUANCE.						
			E IN ACCORDANCE TO THE CURRE n fees and complete the section b		DULE WITH AN				
PERMIT TYPE	FEE DUE	FEE SUBMITTED	PERMIT TYPE	FEE DUE	FEE SUBMITTED				
Building	\$100.00		Minor Plumbing Repair	\$118.00					
Plumbing	\$100.00		Sewer Repair	\$118.00					
Mechanical	\$100.00		Accessory Structure <120 sqft	\$118.00					
Energy	\$100.00		Woods Stoves	\$118.00					
Electrical	\$100.00		Above Ground Pool	\$118.00					
Decks	\$118.00		In Ground Pool	\$189.00					
Re-Roof/Re-siding	\$118.00		Hot Tub/ Spa	\$118.00					
HVAC Replacement	\$118.00								
Other:			UCC FEES	\$4.50	\$4.50				
TOTAL AMOUNT OF	FEES SU	BMITTED:		\$					

I hereby certify that all information on this form and attached documentation is true, to the best of my knowledge. Further, I authorize the listed applicant/agent to act in my stead with regards to this application. In addition, if a permit for the use/structure is issued, I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

APPLICANT SIGNATURE	DATE:
OWNER SIGNATURE <b>REQUIRED</b>	DATE: