



BOROUGH OF PERKASIE

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

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

CONSTRUCTION PERMIT APPLICATION

PERMIT # _____

COMPLETE EVERY SECTION. EVERY APPLICATION MUST BE ACCOMPANIED BY 3 SETS OF PLANS AND AN APPLICATION FEE IN ACCORDANCE OF THE CURRENT FEE SCHEDULE.

PROPERTY / SITE INFORMATION:

SITE ADDRESS:		TAX MAP PARCEL # 33-		
SUBDIVISION/LAND DEVELOPMENT:		LOT #	PHASE	SECTION
WATER SUPPLY: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	SEWAGE DISPOSAL: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	

CONTACT INFORMATION

PROPERTY OWNERS NAME(S): _____

MAILING ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	EMAIL:		

APPLICANT (IF NOT OWNER): _____ **LIC #** _____

MAILING ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	EMAIL:		

MAY WE EMAIL YOU REGARDING THIS APPLICATION? YES NO

PROPOSED TYPE OF WORK

- NEW BUILDING
 ADDITION
 ALTERATION
 REPAIR
 PLUMBING
 ELECTRICAL
 DEMOLITION
 RELOCATION
 FOUNDATION ONLY
 CHANGE OF USE
 MECHANICAL
 OTHER IF OTHER, PLEASE EXPLAIN: _____

DESCRIBE THE PROPOSED WORK

CONTRACTOR INFORMATION

	LIC #	NAME	ADDRESS	PHONE#
Design Professional				
Principal Contractor				
Excavation				
Masonry				
Concrete				
Carpentry				
Plumbing				
Sewer				
Electrical				
Mechanical				
Roofing				
Drywall/Lathing				
Sprinkler				
Paving				
Fire Alarm				

TOTAL ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ _____

BUILDING SECTION:			ESTIMATED COST OF PROPOSED WORK: (Contract Value) \$				
Number of Residential Units		Existing:		Proposed:			
Type of Frame Structure:		Wood	Masonry	Concrete	Steel	Pre-Manufactured	Other :
Does or will your building contain any of the following:				Elevator/Escalators/Lifts/ Moving Walks		Refrigeration System	
Pressure Vessel	Sprinkler System		Fireplace(s): #	Fuel Type	Vent Type:		
Bedrooms(#)	Stories (#)	Basement Area (sqft)		Street Frontage (Ft)			
Full Baths(#)	Building Area (sqft)		Office/Sales (sqft)		Height Above Grade (Ft)		
Partial Baths(#)	Living Area (sqft)		Service (sqft)				
Garages (#)	Garage Area (sqft)		Outside Parking(#)				
Setbacks:	Front Yard:		Side Yard:		Rear Yard		

PLUMBING SECTION:			ESTIMATED COST OF PROPOSED WORK: (Contract Value) \$				
WATER SERVICE		Public	Private	SEWER SERVICE		Public	Private (BCHD Permit #)
Enter the number and size of fixtures being repaired, replaced, or installed.							
Tub/showers	Laundry Tubs	Sinks		Water Softeners			
Shower Stalls	Dishwashers	Sewage Ejectors		Water Pumps			
Lavatories	Garbage Disposals	Back Flow Prevention		Water Service			
Toilets	Urinals	Water Heater		Sewer Connection			

MECHANICAL SECTION:			ESTIMATED COST OF PROPOSED WORK: (Contract Value) \$					
FUEL Type		Gas	Oil	L.P.	Electric	Coal	Wood	Other:
Enter the number and size of Units being replaced, or installed.								
Forced Air Furnace	Electric Furnace	Gravity Furnace		Coil Unit				
Solid Fuel Appliance	Space Heater	Incinerator		Gas/Oil Conversion				
Heat Pump	Unit Heater	A/C Compressor		Air Cleaner				
Air Handling 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 number and size of fixtures being repaired, replaced, or installed.								
Device	Qty	Load/Output	Device	Qty	Load/Output	Device	Qty	Load/Output
Switches			Smoke Det			Spa / Hot Tub		
Receptacles			Dishwasher			A/C Unit		
Circuit Panel			Washer			Heater		
Lights			Dryer			Hot Water Heater		

FIRE PROTECTION SECTION:			ESTIMATED COST OF PROPOSED WORK: (Contract Value) \$					
Enter the number and size of Equipment being replaced, or installed								
Sprinkler System	Fire Hydrants	Suppression System		Hood Suppression System				
Stand Pipe	Fire Pumps	Fire Detection System		Smoke Control System				
Fire Alarm System	Other:							

FLOODPLAIN:	Is the site located within an Identified flood hazard area?	YES	NO
	Will any portion of the 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 <i>Section 60.3</i>			
Lowest Floor Level:			

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

APPLICANT/OWNER ACKNOWLEDGEMENT

PLEASE INITIAL AND ACKNOWLEDGE THE FOLLOWING:

_____ **I HAVE PROVIDED 3 COMPLETE SETS OF PLANS AND SPECIFICATIONS SUFFICIENT TO INDICATE THE SCOPE OF WORK 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.

- Project design shall conform to the most current edition of the International Residential Code adopted by the Commonwealth of Pennsylvania.
- Drawings shall specify all site information such as address, lot number, TMP number, owner name and type of work Proposed. This information shall be reflected on all pages.
- 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.
- Footing details and specifications shall be provided for all locations. Detail should include a footprint or outline of the scope of work as well as specifying pier or continuous footings where applicable.
- Pre-cast concrete panels and all other pre-manufactured products shall have manufacturers engineered designs and specs.
- Insulation and thermal values shall be indicated for walls, ceiling, floors, basement walls and slab perimeter.
- Indicate electrical components including locations and sizes.

_____ **I HAVE SUBMITTED A COPY OF PERKASIE BOROUGH'S [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 FOUNDATION & AS-BUILT PLANS FOR NEW CONSTRUCTION (IF APPLICABLE)**

_____ **I AM REQUIRED TO COMPLETE WORK WITHIN SIX (6) MONTHS OF THE DATE ISSUANCE.**

_____ **I HAVE SUBMITTED THE APPROPRIATE APPLICATION FEE IN ACCORDANCE TO THE CURRENT [FEE SCHEDULE](#) WITH AN ADDITION TO THE PA UCC State fee. (See the Application fees and complete the section below.)**

PERMIT TYPE	FEE DUE	FEE SUBMITTED	PERMIT TYPE	FEE DUE	FEE SUBMITTED
Building	\$195.00		Minor Plumbing Repair	\$115.00	
Plumbing	\$70.00		Sewer Repair	\$115.00	
Mechanical	\$60.00		Accessory Structure <120 sqft	\$115.00	
Energy	\$50.00		Woods Stoves	\$115.00	
Electrical	\$60.00		Above Ground Pool	\$115.00	
Decks	\$115.00		In Ground Pool	\$188.00	
Re-Roof/Re-siding	\$115.00		Hot Tub/ Spa	\$115.00	
HVAC Replacement	\$115.00				
Other:			UCC FEES	\$4.50	\$4.50

TOTAL AMOUNT OF FEES SUBMITTED: \$

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 REQUIRED	DATE: