



# BOROUGH OF PERKASIE

620 W. Chestnut Street  
PO Box 96  
Perkasie, 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                               |
| 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

|                      | NAME AND ADDRESS | PHONE# | 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 OF CONSTRUCTION (reasonable fair market value) \$

|   |                      |                      |  |                      |                         |                  |         |
|---|----------------------|----------------------|--|----------------------|-------------------------|------------------|---------|
| <b>BUILDING SECTION:</b>  |                      |                      | ESTIMATED COST OF PROPOSED WORK: (Contract Value) \$ |                      |                         |                  |         |
| <b>Number of Residential Units</b>                              |                      | Existing:            |  | Proposed:            |                         |                  |         |
| <b>Type of Frame Structure:</b>                                 |                      | Wood                 | Masonry  | Concrete             | Steel                   | Pre-Manufactured | Other : |
| <b>Does or will your building contain any of the following:</b> |                      |                      | 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(#)                                   |                      |                         |                  |         |
| <b>Setbacks:</b>  | Front Yard:          |                      | Side Yard:   |                      | Rear Yard               |                  |         |

|   |                   |                      |  |                      |  |        |                         |
|---|-------------------|----------------------|--|----------------------|--|--------|-------------------------|
| <b>PLUMBING SECTION:</b>  |                   |                      | ESTIMATED COST OF PROPOSED WORK: (Contract Value) \$ |                      |  |        |                         |
| <b>WATER SERVICE</b>  |                   | Public               | Private  | <b>SEWER SERVICE</b> |  | 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     |  |        |                         |

|  |                  |                 |  |                    |          |      |      |        |
|--|------------------|-----------------|--|--------------------|----------|------|------|--------|
| <b>MECHANICAL SECTION:</b>                                       |                  |                 | ESTIMATED COST OF PROPOSED WORK: (Contract Value) \$ |                    |          |      |      |        |
| <b>FUEL Type</b>   |                  | 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:             |          |      |      |        |

| <b>ELECTRICAL SECTION:</b>  |     |               | ESTIMATED COST OF PROPOSED WORK: (Contract Value) \$ |      |             |                  |     |             |
|---|-----|---------------|--|------|-------------|------------------|-----|-------------|
| <b>Service Amps</b>   |     | # of Circuits | # of Service outlets                                 | 110V | 220V        | <b>Utility #</b> |     |             |
| 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 |     |             |

|   |               |                       |  |                         |  |  |  |  |
|---|---------------|-----------------------|--|-------------------------|--|--|--|--|
| <b>FIRE PROTECTION SECTION:</b>                                     |               |                       | 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:        |                       |  |                         |  |  |  |  |

|   |   |     |    |
|---|---|-----|----|
| <b>FLOODPLAIN:</b>  | 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:   |   |     |    |

|   |   |     |    |
|---|---|-----|----|
| <b>HISTORIC DISTRICT:</b>   | 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 1 DIGITAL COMPLETE SET OF PLANS AND SPECIFICATIONS SUFFICIENT TO INDICATE THE SCOPE OF WORK BEING PROPOSED.** Please email the plans to [permits@perkasieborough.org](mailto:permits@perkasieborough.org). 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          | \$100.00 |               | Minor Plumbing Repair         | \$135.00      |               |
| Plumbing          | \$100.00 |               | Sewer Repair                  | \$135.00      |               |
| Mechanical        | \$100.00 |               | Accessory Structure <120 sqft | \$135.00      |               |
| Energy            | \$100.00 |               | Woods Stoves                  | \$135.00      |               |
| Electrical        | \$100.00 |               | Above Ground Pool             | \$135.00      |               |
| Decks             | \$100.00 |               | In Ground Pool                | \$200.00      |               |
| Re-Roof/Re-siding | \$135.00 |               | Hot Tub/ Spa                  | \$135.00      |               |
| HVAC Replacement  | \$135.00 |               |                               |               |               |
| Other:            |          |               | <b>UCC FEES</b>               | <b>\$4.50</b> | <b>\$4.50</b> |

**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: \_\_\_\_\_