



SCHWENKSVILLE BOROUGH

CONSTRUCTION PERMIT APPLICATION FOR NEW CONSTRUCTION, DEMOLITION, PLUMBING, HVAC OR ELECTRICAL

Application Date: _____ Approval Date: _____ Permit Number: _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Site address: _____ Tax parcel # _____

For new construction: Lot/Building # _____ Subdivision or Development _____

Residential Property Non-Residential Mixed Use

WORK PROPOSED – Check all that apply

New Construction Addition Alteration Repair Demolition Relocation

Or new building

Foundation Only Change in Use Plumbing Mechanical Electrical Roofing

Other: _____

Detailed technical description of work proposed: _____

CONTACT INFORMATION

Owner(s): _____ Phone#: _____

Mailing Address: _____ Email: _____

Attest: Work is being completed by homeowner Signature: _____

Contractor Information – Identify type of contractor or work role & contact information for all that apply

Type/Work Role	License #	Name	Address	Phone Number	Email Address
Applicant					
Design Professional					
Principal Contractor					
Excavator					
Mason					
Concrete					
Carpenter					
Plumbing					
Sewer					
Electrical					
Mechanical					
Roofing					
Drywall or lathing					
Sprinkler					
Security/Fire Alarms					
Chimney					
Solar					

TOTAL ESTIMATED COST OF CONSTRUCTION INCLUDED ON PERMIT (REASONABLE FAIR MARKET VALUE) \$ _____

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL Single Family Detached Single Family Twin Duplex Townhome

NON-RESIDENTIAL

Specific Use: _____ Change in Use? Yes No

Use Group: _____ if Change in use indicate former use: _____

Maximum Occupancy Load: _____ Maximum Live Load: _____

BUILDING SECTION

ESTIMATED COST OF BUILDING WORK (Contract Value) \$ _____

Number of Residential Dwelling Units: _____ Existing _____ Proposed

Number of Residential Accessory Structures: _____ Existing _____ Proposed

Type of Structural Frame: Wood Masonry Concrete Pre-Manufactured Residential
 Steel Other, Explain: _____

Does or will the building or buildings contain any of the following:

Elevator/Escalators/lifts/moving walks: Yes No Pressure Vessels: Yes No

Sprinkler System: Yes No Refrigeration Systems: Yes No

Fireplace(s): Number: _____ Type Fuel: _____ Type Vent: _____

Bedrooms(number)		Stories (number)		Street Frontage(ft)	
Full Baths (number)		Building Area (sq. ft)		Front Setback (ft)	
Partial Paths (number)		Living Area (sq. ft)		Rear Setback (ft)	
Garages (number)		Basement Area (sf)		Left Setback (ft)	
Garage Area (sq. ft)		Office/Sales (sq. ft)		Right Setback (ft)	
Outside Parking (number)		Service (sq. ft)		Height above grade (ft)	

DEMOLITION SECTION

Number of Structures to be removed: _____

Please describe the type of structure(s) to be removed: _____

Please describe the method of demolition: _____

Please Describe the method of Disposal: _____

Are any hazardous materials involved? No Yes; please describe: _____

ROOFING SECTION

ESTIMATED COST OF RE-ROOFING: _____

Size of Roof (sf) _____ Square feet of Roof to be replaced: _____

Residential Accessory Structure Single Family Detached Single Family Twin Duplex

Residential Multi-Family Non-residential: List Existing Use(s) of building: _____

Is the existing roof ventilation adequate Yes No; please explain how the ventilation will be improved _____

Is the Sheeting being replaced No Yes, Please explain type of material: _____

Thickness: _____ Quantity to be replaced (sf): _____

Felt: _____ lbs Shingles: _____ year _____ Class

Pitch of Roof: _____ Is the existing roof covering being removed? Yes No, if no,

How many layers of covering are existing? _____

How will old roof covering be disposed? _____

Are there Hazardous materials involved? No Yes, please describe: _____

PLUMBING SECTION

ESTIMATED COST OF PLUMBING WORK (Contract Value) \$ _____

Enter the Number and size of Fixtures Being Repaired, Replaced or Installed

	Number	Size		Number	Size		Number	Size
Tubs/showers			Laundry Tubs			Sewage Ejectors		
Shower Stalls			Dishwashers			Back Flow Preventers		
Lavatories			Garbage Disposals			Water Pumps		
Toilets			Water Heaters			Water Service		
Urinals			Water Softeners			Sewer Connection		
Sinks			Other			Other		

Water Service Public Private Sewer Service Public Private

MECHANICAL SECTION

ESTIMATED COST OF MECHANICAL WORK (Contract Value) \$ _____

Enter Number and Size of Units being Replaced or Installed

	Number	Size		Number	Size		Number	Size
Forced Air Furnace			Space Heater			A/C Air Compressor		
Solid Fuel Appliances			Unit Heater			Split A/C Unit		
Heat Pump			Boiler			Coil Unit		
Air Handling Unit			Gravity Furnace			Gas/Oil Conversion		
Electric Furnace			Incinerator			Air Cleaner		
Other:			Other			Other		

ELECTRICAL SECTION

ESTIMATE COST OF ELECTICAL WORK (Contract Value) \$ _____

Service AMPS _____ Number of Circuits _____ Number of Service Outlets: _____ 110V _____ 220V

Enter Number and Load/Output

	Number	Load/output		Number	Load/output		Number	Load/output
Switches			Dishwasher			Other:		
Receptacles			Washer			Other:		
Circuit Panel			Dryer			Other:		
Lights			Spa/Hot Tub/Pool			Other:		
Smoke/Co Detectors			A/C Unit			Other:		
Other:			Other:			Other:		

FIRE PROTECTION SECTION:

ESTIMATE COST OF FIRE PROTECTION WORK (Contract Value) \$ _____

Enter number and size of equipment being replaced or installed

	Number		Number		Number
Sprinkler System		Hood Suppression System		Fire Alarm System	
Stand Pipe		Fire Hydrants		Smoke Control System	
Suppression System		Fire Pumps		Fire Detection 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, the Pennsylvania Flood Plain Management Act (Act 166-1978), Specifically Section 60.3 and Local Zoning Codes;
Lowest Floor level: _____

The applicant certifies that all information on this application is correct and that the work will be completed in accordance with the approved documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by Schwenksville Borough. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, right-of-way, flood areas, utilities , etc. Issuance of a permit and approval of construction documents shall not be a construed authority to violate, cancel or set aside any provisions of the codes or ordinances of Schwenksville Borough or any other governing body. Apply for the permit does not absolve an applicant of the responsibility to call and schedule the required inspections at the appropriate stage of construction. **The applicant certifies that he/she understands all of the applicable codes, ordinances, and regulations and understands what inspections are required and the timing of each inspection.** Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

CERTIFICATE OF OCCUPANCY.

§403.46(a) A building, structure or facility may not be used or occupied without a Certificate of Occupancy issued by a building code official
§403.46(d) Ab building code official may suspend or revoke a certificate of occupancy when the certificate was issued in error, on the basis of incorrect information supplied by the permit applicant or in violation of the Uniform Construction Code. Before a Certificate of Occupancy is revoked, a building owner may request a hearing before the Board of Appeals under §403.122 (relating to appeals, variances and extensions of time).

INSURANCE

All Applicants are required to submit Certificates of Insurance Naming the Borough as an Additional Insured and to provide proof of Worker’s Compensation Insurance Coverage **or** apply for an Exemption. All applicants must complete the Worker’s Compensation Insurance Coverage Information Form attached to this Building Permit Application and request a waiver if applicable.

In addition to the above certifications, 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.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Date

Email Address If different than on first page

FOR ADMINISTRATIVE USE ONLY

ADDITIONAL PERMITS/APPROVALS REQUIRED

Zoning Permit	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
Conditional Use	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
Zoning Hearing Board	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
Street Cut/Driveway HOP	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
Sidewalk Replacement	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
Stormwater Management	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
PennDot HOP	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
DEP Floodway or Floodplain	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
Sewer Connection	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
On-Lot Septic	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
Montgomery County Health Dept.	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
PA Labor & Industry	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____

APPROVALS

BUILDING PERMIT DENIED: Date: _____ Date Returned: _____

BUILDING PERMIT APPROVED Date: _____

CODE ADMINISTRATOR: _____

Building Permit Fee:	\$ _____	U&O Fee	\$ _____
Demolition Permit Fee:	\$ _____	Local Administrative Fee:	\$ _____
Electrical Permit Fee:	\$ _____	Pennsylvania UCC Fee:	\$ _____
Plumbing Permit Fee:	\$ _____	TOTAL ALL FEES:	\$ _____
Mechanical Permit Fee:	\$ _____	Total Sq. Ft. Used for Fee	_____
Fire Protection Fee:	\$ _____		
Accessibility Review Fee:	\$ _____		
Energy Permit Fee	\$ _____		
Plan Review Fee:	\$ _____		

Workers' Compensation Insurance Coverage information
(attach to building permit application)

A. The Applicant is or is contracting with

A contractor within the meaning of the Pennsylvania Workers' Compensation Law.

Yes No

If the answer is yes, complete Section B or C as appropriate. If no, complete Section D.

B. Insurance Information

Contractor Name: _____ Phone #: _____

Address: _____

Applicant is a qualified self-insurer for workers' compensation.

Certificate attached

Insurance Provider: _____ Policy #: _____

Certificate attached Policy Expiration Date: _____

Contractor's Signature: _____ Date: _____

C. Exemptions – Complete if claiming exemption from providing workers' compensation insurance.

The undersign swears or affirms that he/she is not required to provide workers' compensation insurance under the provision of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to/before me this _____ day
of _____ 20_____

Signature: _____

(Signature of Notary Public)

Printed Name: _____

Address: _____

My commission expires _____

Phone: _____

County of: _____

(Seal)

Municipality of: _____

D. Property owner ONLY doing work. No contractors or employees involved. Date: _____

Name: _____ Signature: _____