



# 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**

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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: \_\_\_\_\_

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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. **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.

**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**

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

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