



PERMIT # _____

1090 Troxel Rd,
Lansdale, PA 19446
Phone: (215) 368-7602
permits@towamencin.org (for questions only)

CONSOLIDATED NON-RESIDENTIAL PERMIT APPLICATION

TWO (2) COPIES OF PLANS AND SPECIFICATIONS, PREPARED AND SEALED BY LICENSED DESIGN PROFESSIONAL, MUST BE SUBMITTED WITH ALL APPLICATIONS. PLANS MUST INCLUDE STRUCTURAL, ELECTRICAL, MECHANICAL, PLUMBING AND FIRE PROTECTION (SEPARATE APPLICATION) DETAILS. FEES ARE DUE UPON SUBMISSION. WORK MAY NOT START UNTIL PERMITS HAVE BEEN APPROVED.

Construction Permits are required for non-residential new construction, additions, alterations, repairs, plumbing, mechanical, electrical, swimming pools, sheds, decks, patios, roofing/siding replacement, and fences.

**Please include a copy of any prior approvals if applicable (i.e. variance, grading permit)*

PROPERTY ADDRESS: _____

OWNER NAME: _____

MAILING ADDRESS: _____

TENANT NAME (if applicable): _____

OFFICE PHONE NO.: _____ **MOBILE PHONE NO.:** _____

E-MAIL ADDRESS: _____

DETAILED DESCRIPTION OF THE PROPOSED WORK IS REQUIRED:

Provide the following information below:

Contractor Name: _____ **Phone No.:** _____

Contractor Address: _____

Email Address: _____ **State Registration #** _____

Note: Add additional Contractors on Page 4

BUILDING	Sq. Ft _____ of work area	PROJECT COST: _____
INDICATE PROPOSED WORK: (check all that apply)		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Interior Alterations/Renovations
IF NEW CONSTRUCTION:		
(Choose: Type and Structural Frame)		
<input type="checkbox"/> Store <input type="checkbox"/> Office <input type="checkbox"/> Church <input type="checkbox"/> Industrial <input type="checkbox"/> School <input type="checkbox"/> Other _____ <input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other _____		
SEWER: <input type="checkbox"/> Public <input type="checkbox"/> Septic Tank		Water: <input type="checkbox"/> Public <input type="checkbox"/> Well
DIMENSIONS: Number of stories _____ Total square footage of floor area (New construction only) _____		
Square footage of work area (existing building only) _____		
<input type="checkbox"/> Other _____		

ELECTRICAL	PROJECT COST: _____
WORK IS: <input type="checkbox"/> New Construction <input type="checkbox"/> Repair or Replace	
<input type="checkbox"/> Generator <input type="checkbox"/> Other: _____	
DESCRIPTION OF WORK: _____	
REQUIRED INSPECTIONS:	
<ul style="list-style-type: none"> • Rough Wire (before close in) • Final Inspection & Final on all new services 	

PLUMBING	PROJECT COST: _____
WORK IS: <input type="checkbox"/> Repair/Replace <input type="checkbox"/> New Construction <input type="checkbox"/> Building Sewer	
ENTER QUANTITY:	
(for each)	
Bathtubs/Shower # _____ Catch Basin # _____ Dishwasher # _____ Floor Drain # _____ Sink # _____ Toiler # _____ Water Heater # _____ Sewage Ejector # _____ Back Flow Preventer # _____ Sump Pump # _____ Softener # _____ Washing Machine # _____ Sewer Lateral # _____	
Other: _____	
Total Number of Fixtures _____	

HVAC/Mechanical	PROJECT COST: _____
WORK IS: <input type="checkbox"/> Repair/Replace <input type="checkbox"/> New Construction	
FULE TYPE: <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas (Provide PECO Natural Gas Load Calculations)	
Type of Unit being installed: _____	
Total number of UNITS being installed: _____ (Submit Specs of Replacement Unit)	
*Gas, Stoves and Generators (Submit Specs)	
<input type="checkbox"/> Gas <input type="checkbox"/> Tank <input type="checkbox"/> Generator (Natural Gas Only)	
Additional Information: _____	

ROOFING / SIDING (REPLACEMENT ONLY)	PROJECT COST: _____
<i>Applicant must submit information relative to the scope of work and materials. A copy of the proposal is acceptable.</i>	
WORK IS: <input type="checkbox"/> Roofing <input type="checkbox"/> Siding	
Type of Rated Separation: <input type="checkbox"/> Masonry <input type="checkbox"/> Rated Assembly <input type="checkbox"/> Other _____	
Total Number# of Rated Wall and/or Floor Separations per Building: _____	

ZONING	ZONING FEE: \$120.00
Indicate Proposed Work: (check all that apply)	
<input type="checkbox"/> Addition <input type="checkbox"/> Pavilion <input type="checkbox"/> Fence <input type="checkbox"/> Shed <input type="checkbox"/> Patio <input type="checkbox"/> Retaining Walls _____ ft. long _____ ft. high	
DESCRIPTION OF WORK: (i.e. size, height, construction and assembly details, etc.) _____	
TYPE OF WORK: <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Estimated Cost _____	
<i>Note: Waiver of Land Development may be required. Township Ordinance does NOT permit the placement of any fence or structure on an easement or the right-of-way</i>	

APPLICANT CHECKLIST Note: Some items may not be required	
<input type="checkbox"/>	Completed and signed building permit application
<input type="checkbox"/>	2 copies of construction plans <i>(signed and sealed by a design professional)</i>
<input type="checkbox"/>	2 copies of the electrical plans <i>(signed and sealed by a design professional)</i>
<input type="checkbox"/>	Grading permit <i>(separate application)</i> – if the structure exceeds 1500 sq. ft. <i>(or any earth disturbance of 1500 sq. ft. or more)</i>
<input type="checkbox"/>	2 copies of the grading plan
<input type="checkbox"/>	Fire/Sprinkler Protection Application Attached <i>(if applicable)</i>
<input type="checkbox"/>	PA License Number for ALL Contractors/Subcontractors
<input type="checkbox"/>	Copy of Contractor's Liability and Workers Compensation Insurance <i>(must list Towamencin Township as additional insured)</i> or complete the Worker's Comp. Exemption form
<input type="checkbox"/>	24 HOUR NOTICE IS REQUIRED FOR ALL INSPECTIONS
<input type="checkbox"/>	(Fee payment MUST be submitted with this application)

PLEASE BE ADVISED TOWNSHIP STAFF MAY REQUEST ADDITIONAL INFORMATION

I hereby certify that I am the property owner, or the authorized agent on behalf of the property owner, submitting this application. I hereby attest the information provided on this application is correct and true to the best of my knowledge. I agree to comply with all applicable laws, codes, ordinances, and regulations of Towamencin Township.

Applicant Signature: _____ **Date:** _____

PERMIT REVIEW (Office Use Only)			
Building Review:	Signature	Date Approved:	Fee Paid:
Plumbing Review:			Fee Paid:
HVAC/Mech. Review:			Fee Paid:
Electrical Review:		Date Approved:	Fee Paid:
Zoning Review:		Date Approved:	Fee Paid:
Notes:			

Deposit of check representing the fee for this application does not constitute approval of or granting of same by Towamencin Township.

ADDITIONAL LIST OF CONTRACTORS

Please provide the following information below: **Name; Address; Phone**

PLUMBING CONTRACTOR NAME: _____ **Phone No.:** _____

Contractor Address: _____

Email Address: _____ **State Registration #** _____

ELECTRICAL CONTRACTOR NAME: _____ **Phone No.:** _____

Contractor Address: _____

Email Address: _____ **State Registration #** _____

MECHANICAL CONTRACTOR NAME: _____ **Phone No.:** _____

Contractor Address: _____

Email Address: _____ **State Registration #** _____

ARCHITECT CONTRACTOR NAME: _____ **Phone No.:** _____

Contractor Address: _____

Email Address: _____ **State Registration #** _____

ENGINEER CONTRACTOR NAME: _____ **Phone No.:** _____

Contractor Address: _____

Email Address: _____ **State Registration #** _____

TOWAMENCIN TOWNSHIP

NON-RESIDENTIAL PERMIT PROCEDURES

TWO (2) COPIES OF PLANS AND SPECIFICATIONS, PREPARED AND SEALED BY LICENSED DESIGN PROFESSIONAL, MUST BE SUBMITTED WITH ALL APPLICATIONS. PLANS MUST INCLUDE STRUCTURAL, ELECTRICAL, MECHANICAL, PLUMBING AND FIRE PROTECTION (SEPARATE APPLICATION) DETAILS. FEES ARE DUE UPON SUBMISSION. WORK MAY NOT START UNTIL PERMITS HAVE BEEN APPROVED.

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PLANS AND SPECIFICATIONS

1. Location of Property - Parcel Number, Zoning District, Owner Name, Contact Information and Tenant Name (if applicable).
2. Complete every section that is applicable to your proposed work.
3. Lot Size - dimensions of the property (length/width) and/or total square feet or acreage must be provided on all applications.
4. Provide phone numbers for property owner/tenant and contractor. Contractors must provide a Certificate of Insurance verifying coverage including Worker's Compensation and their Federal or State Employer Identification Number (EIN).

ADDITIONAL INFORMATION

FEES - Permit fees must be submitted with the permit application.

REVIEW - The application will be reviewed by the Code Enforcement Department for compliance with the building codes of Towamencin Township.

PERMIT APPROVED -Work may not start until a permit has been approved. The permit cards are to be displayed to be visible from the street.

PLUMBING, ELECTRICAL, HVAC and FIRE PROTECTION - All plumbing, electrical, heating & air conditioning, and fire protection contractors and/or their personnel must be registered and provide a Certificate of Insurance verifying Worker's Compensation coverage. In addition, each contractor must obtain the appropriate permits for the work to be done.

INSPECTIONS - Call the Township office (215-368-7602) at least 24 hours in advance to schedule each inspection. Responsibility for notification for inspections at the various stages of construction lies with the applicant and/or contractor. If the appropriate inspections are not requested, they will not be done, and uninspected work will not be granted final approval.

NOTES: All Subdivision and Land Development approvals must be complete before submitting building permit. Township requires signed and sealed plans if any engineered materials (i.e.: steel, trusses, bond beams or manufactured beams) are being used in the construction of structure.