



PERMIT # _____

PROPERTY ADDRESS _____

BUILDING PERMIT APPLICATION

Easttown Township
566 Beaumont Road
Devon, PA 19333
Phone 610-687-3000
Fax 610-687-9666

easttown@easttown.org
www.easttown.org

PART I – INSTRUCTIONS

BEFORE COMPLETING THIS APPLICATION:

- Review Chapter 160 **Construction Codes, Uniform** of the Township of Easttown Code, available online at www.easttown.org, for purchase, or review at the Township Building. *All construction is required to meet applicable provisions of this Chapter.*
 - Review the 2009 International Residential Building Code, 2008 National Electrical Code, and Act 45 of 1999 of the State of Pennsylvania and all amendments, collectively known as “Codes.” *All Construction is required to meet applicable provisions of these Codes.*
 - Obtain Zoning Permit approval and Drainage Permit approval, if required.
- *Please Note: Applicant has the option to apply for all needed Building Permits under one Application, or separately.

COMPLETING THIS APPLICATION:

- The following **MUST** be completed:
 - ✓ All Subcontractor information
 - ✓ Part XI must be completed if Applicant is not the Property Owner,
 - ✓ A fully-executed Worker’s Compensation Insurance Affidavit (if any Contractor is exempt)
- The following **MUST** accompany the application:
 - ✓ Application fee
 - ✓ A valid copy of each Contractor’s Certificate of Insurance naming Easttown Township as the Certificate Holder, listing coverage for (i) Liability and (ii) Workers’ Compensation
 - ✓ A valid copy of each Contractor’s Pennsylvania Home Improvement License OR Township Registration card
 - ✓ Two (2) copies of construction drawings, floor plans, demolition plans, scope of work, materials and specifications, and other supporting required documentation (as required by Chapter 160 and the Codes)
 - ✓ If applicable, a copy of the Homeowners Association (HOA) approval letter

Please note: additional project-specific documentation may be required. Please visit <https://www.easttown.org/279/Permits> for more information.

UPON APPROVAL:

- A payment request for the Permit Fee (based on construction costs) will be sent to the Applicant from noreply@traisr.com.
- Upon receipt of payment, the approved permit and plans will be released.

For a full list of permit fees, please refer to the current Fee Schedule.

TOWNSHIP USE ONLY

Application Fee:

- \$75 – Residential
- \$105 – Multi-Family/Non-Residential

PAID on ____/____/____ via

- Check # _____
- Credit Card

Application Status:

- APPROVED
- DENIED
- Certificate of Occupancy Required

Permit Fee: _____

Approved by: _____

Date: _____

PART II – PROPERTY INFORMATION

UPI No.:	Street address for which permit is being sought:	
Subdivision Name (if applicable):	Lot No. (if applicable):	Check all that apply: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Class I Historic Resource <input type="checkbox"/> Private (individual, corporation, etc.) <input type="checkbox"/> Public (federal, state, local gov't.)
Zoning District (check all that apply): <input type="checkbox"/> AA <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> R-5 <input type="checkbox"/> PBO <input type="checkbox"/> VB <input type="checkbox"/> VT <input type="checkbox"/> VR		

PART III – PROPERTY OWNER INFORMATION

Property Owner (Name or Entity that will own the improved Property upon completion of work):	
Property Owner Street Address (if different than Property Information):	
City, State, and Zip Code:	
Phone Number:	Fax Number:
Email Address:	

PART IV – DESCRIPTION AND PURPOSE OF WORK

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PART V – TYPE OF PERMIT

Check all that apply:	<input type="checkbox"/> Building Addition/Alteration <input type="checkbox"/> Building-New Construction <input type="checkbox"/> Deck <input type="checkbox"/> Demolition (Alteration/Partial) <input type="checkbox"/> Electrical <input type="checkbox"/> Finished Basement <input type="checkbox"/> Generator <input type="checkbox"/> Geothermal <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Pool <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Solar Panels <input type="checkbox"/> Other <input type="checkbox"/> Complete Demolition (requires separate permit)
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PART VI – TYPE OF IMPROVEMENT

Check all that apply:	<input type="checkbox"/> New Building <input type="checkbox"/> Addition (if residential, enter # of new housing units added ____) <input type="checkbox"/> Alteration (if residential, enter # of new housing units added ____) <input type="checkbox"/> Repair, Replacement <input type="checkbox"/> Wrecking (if multi-family, enter # of units in building) <input type="checkbox"/> Relocation <input type="checkbox"/> Pool <input type="checkbox"/> Deck <input type="checkbox"/> Finished Basement <input type="checkbox"/> Generator <input type="checkbox"/> Solar Panels <input type="checkbox"/> Other: _____
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PART VII – ESTIMATED CONSTRUCTION COSTS ¹ (complete all that apply)

Cost of improvement:	Building	\$ _____
	Plumbing	\$ _____
	Electrical	\$ _____
	Mechanical	\$ _____
	TOTAL COST OF IMPROVEMENT	\$ _____

¹ Construction costs are defined as all material and labor costs for the project. The Township has the final determination in accepting the submitted construction cost as provided on the permit application and may at its discretion require evidence to support said proposed cost. In the event that an Application for a Building Permit should, in the opinion of the Building Code Official, require review by Township Consultants, the Application shall bear such cost as are incurred by the township in connection with such review.

PART VIII – CONTRACTOR INFORMATION ² (person or entity responsible for the completion of work)

Contractor Name:	HIC License No./Expiration:
Contractor Street Address, City, State, and Zip Code (if PO Box, include street address also):	
Telephone Number:	Email Address:

PART IX – ARCHITECT OR ENGINEER INFORMATION (entity responsible for project design)

Architect or Engineer Name:	
Architect or Engineer Street Address, City, State, and Zip Code (if PO Box, include street address also):	
Telephone Number:	Email Address:

PART X – THIRD PARTY ELECTRICAL UNDERWRITER (electrical permits only)

- American Inspection Agency, Inc. – 610-678-4336 | 342 Miller Road, Sinking Spring, PA 19608
- Bureau Veritas-Atlantic Inland Inspection, Inc. – 610-543-3925 | 790A Parkway Drive, Broomall, PA 19008
- Code Inspections, Inc. – 215-672-9400 | 603 Horsham Road, Horsham, PA 19044
- Commonwealth Code Inspections Service, Inc. – 717-664-2347 | 176 Doe Run Road, Manheim, PA 17545
- Middle Atlantic Inspections, Inc. – 215-322-2626 | 302 East Pennsylvania Boulevard, Feasterville, PA 19053
- Middle Department Inspections Agency, Inc. – 610-696-3900 | PO Box 2654, West Chester, PA 19380
- United Inspection Agency (Len Warren) – 215-542-9977 | 716 N. Bethlehem Pike, Suite 300, Lower Gwynedd, PA 19002

PART XI – DESCRIPTION OF ELECTRICAL WORK

Service:	Number of Fixtures:		
<input type="checkbox"/> 100 AMP	___ Switching Outlets	___ Lighting Outlets	___ Receptacles
<input type="checkbox"/> 200 AMP	___ Range(s)/Oven(s)	___ Electric Dryer(s)	___ Electric Heating
<input type="checkbox"/> Greater than 200 AMP	___ Heat Detector	___ Smoke Detector	___ HVAC Equipment

PART XII – PROPOSED LAND USE TYPE (for “wrecking” check most recent use)

Residential <input type="checkbox"/> Single-Family (No. of Units: ___) <input type="checkbox"/> Two-Family (No. of Units: ___) <input type="checkbox"/> Townhouse (No. of Units: ___) <input type="checkbox"/> Multi-Family (No. of Units: ___) <input type="checkbox"/> Detached Garage <input type="checkbox"/> Accessory <input type="checkbox"/> Other: _____	Non-Residential <table style="width:100%;"> <tr> <td style="width:50%; padding: 5px;"><input type="checkbox"/> Amusement, Recreational</td> <td style="width:50%; padding: 5px;"><input type="checkbox"/> Church, Other Religious</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Industrial</td> <td style="padding: 5px;"><input type="checkbox"/> Parking Garage</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Service Station, Repair Garage</td> <td style="padding: 5px;"><input type="checkbox"/> Hospital, Institutional</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Office, Bank, Professional</td> <td style="padding: 5px;"><input type="checkbox"/> Public Utility</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> School, Library, Other Educational</td> <td style="padding: 5px;"><input type="checkbox"/> Store, Mercantile</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Tank, Tower</td> <td style="padding: 5px;"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Amusement, Recreational	<input type="checkbox"/> Church, Other Religious	<input type="checkbox"/> Industrial	<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Service Station, Repair Garage	<input type="checkbox"/> Hospital, Institutional	<input type="checkbox"/> Office, Bank, Professional	<input type="checkbox"/> Public Utility	<input type="checkbox"/> School, Library, Other Educational	<input type="checkbox"/> Store, Mercantile	<input type="checkbox"/> Tank, Tower	<input type="checkbox"/> Other: _____
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<input type="checkbox"/> School, Library, Other Educational	<input type="checkbox"/> Store, Mercantile												
<input type="checkbox"/> Tank, Tower	<input type="checkbox"/> Other: _____												

² PLEASE NOTE: All subcontractors, if applicable, must be identified on page 5.

PART XIII – BUILDING CHARACTERISTICS

Principal Type of Frame:

- Masonry (wall bearing)
- Wood
- Structural Steel
- Reinforced Concrete
- Other: _____

Principal Type of Heating Fuel:

- Gas
- Oil
- Electricity
- Coal
- Other: _____

Type of Water Supply:

- Public
- Private Company
- Private Individual Well

Type of Sewage Disposal:

- Public
- Private Company
- Private Individual Septic

Type of Mechanical:

- Central Air-Conditioning
- Elevator

Dimensions:

Number of Stories: _____
Total Square Feet of Floor Area, All Floors,
Based on Exterior Dimensions: _____
Total Land Area in Square Feet: _____

Residential Buildings Only:

Bedrooms: _____
Full Bathrooms: _____
Partial Bathrooms: _____

PART XIV – CERTIFICATION

- I am the Property Owner I am an Officer or Official of the Property Owner I am the Contractor

I acknowledge that that the information set forth in this Application, including any attached plans and specifications, is true and correct to the best of my knowledge, information and belief, and false statements made therein are subject to the penalties of 1B Penn. C.S., §4904, relating to unsworn falsification to the authorities.

Name (type or print legibly)

Official Title

Street Address

City, State, Zip

Phone Number

Email Address

Signature

Date

PART XV – AGENT'S AFFIDAVIT

I, _____, verify that I am the owner of the property listed in Part III, and have identified the Contractor listed in Part VIII to serve as my duly-authorized Agent for the purposes contained herein. I hereby declare that the above-made statements are true and correct to the best of my knowledge, information and belief, and false statements made within this Affidavit may subject individuals to penalties of 1B Penn. C.S., §4904, relating to unsworn falsification to the authorities.

Property Owner Signature

Date

SUBCONTRACTOR INFORMATION

INSTRUCTIONS

- When applicable, all subcontractors shall be identified.
 - ✓ ATTACH valid copy of each subcontractor's Certificate of Insurance naming Easttown Township as the Certificate Holder, listing coverage for (i) Liability and (ii) Workers' Compensation (complete *Affidavit* if exempt).
 - ✓ ATTACH valid copy HIC license OR Township Registration Card

CONCRETE/MASONRY

Company Name:	Email:
Contact:	Telephone Number:
Street Address, City, State, and Zip Code (if PO Box, include street address also):	

FRAMING

Company Name:	Email:
Contact:	Telephone Number:
Street Address, City, State, and Zip Code (if PO Box, include street address also):	

PLUMBING

Company Name:	Email:
Contact:	Telephone Number:
Street Address, City, State, and Zip Code (if PO Box, include street address also):	

MECHANICAL/HVAC

Company Name:	Email:
Contact:	Telephone Number:
Street Address, City, State, and Zip Code (if PO Box, include street address also):	

ELECTRICAL

Company Name:	Email:
Contact:	Telephone Number:
Street Address, City, State, and Zip Code (if PO Box, include street address also):	

ROOFING/SIDING

Company Name:	Email:
Contact:	Telephone Number:
Street Address, City, State, and Zip Code (if PO Box, include street address also):	

WORKERS' COMPENSATION AFFIDAVIT

(To be completed when Contractor is claiming exemption from providing Workers' Compensation Insurance)

****AFFIDAVIT VALID FOR ONE YEAR FROM DATE OF EXECUTION.****

COMMONWEALTH OF PENNSYLVANIA :
: SS
COUNTY OF :

Before me, the undersigned notary public, this day, personally appeared

_____ of _____

to me known (or satisfactorily proven), who being duly sworn according to law, deposes that he/she is not required to provide workers' compensation insurance for one of the following reason(s):

- Contractor with no employees. Contractor is prohibited by law from employing individuals to perform any work pursuant to this building permit unless contractor provides proof of insurance, as required.
- Religious exemption under workers' compensation law.

Affiant Signature

Sworn to and subscribed before me this ____ day
of _____, 20____.

Notary Public