

UNIFORM CONSTRUCTION PERMIT APPLICATION

Commonwealth of Pennsylvania
DCED-CLGS 01/02

No. _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Municipality: _____

Site Address: _____ Tax Parcel # _____

Lot # _____ Subdivision/Land Development: _____ Phase: _____ Section: _____

Owner: _____ Phone # _____ Fax # _____

Mailing Address: _____ E-Mail: _____

Principal Contractor: _____ Phone# _____ Fax# _____

Mailing Address: _____

Architect: _____ Phone# _____ Fax# _____

Mailing Address: _____ E-Mail: _____

TYPE OF WORK OR IMPROVEMENT (Check One)

- New Building Addition Alteration Repair Demolition Relocation
- Foundation Only Change of Use Plumbing Mechanical Electrical

Describe the proposed work: _____

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ _____

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL

- One-Family Dwelling (R-3)
- Two-Family Dwelling (R-3)
- Multi-Family (R-2)
- Hotels (R-1)

NON-RESIDENTIAL

Specific Use: _____
 Use Group: _____
 Change in Use: YES NO
 If YES, Indicate Former: _____
 Maximum Occupancy Load: _____
 Maximum Live Load: _____

BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: _____ Existing, _____ Proposed
Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc.) _____
Water Service: (Check) Public Private
Sewer Service: (Check) Public Private (Septic Permit # _____)

Does or will your building contain any of the following:

Fireplace(s): Number _____ Type of Fuel _____ BTU's _____ Type Vent _____
Elevator/Escalators/Lifts/Moving walks: (Check) YES NO
Sprinkler System: YES NO
Pressure Vessels: YES NO
Refrigeration Systems: YES NO

BUILDING DIMENSIONS

Existing Building Area: _____ sq. ft.
Proposed Building Area: _____ sq. ft.
Total Building Area: _____ sq. ft.

Number Of Stories: _____
Height of Structure Above Grade: _____ ft.
Area of the Largest Floor: _____ sq. ft.

FLOODPLAIN

Is the site located within an identified flood prone area? (Check One) YES NO
Will any portion of the flood prone area be developed? (Check One) YES NO N/A

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3 (d).

HISTORIC DISTRICT

Is the site located within a Historic District? YES NO
If any construction is within a Historic District, a certificate of appropriateness may be required by the Municipality.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

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.

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

Address

Date

Directions to Site: _____

.. Plumbing Contractor Information

Last Name:	First Name:	Phone:
Street:	City, State, Zip:	
Cell Phone:	Fax #:	Reg.#

.. Plumbing Permit Application - Enter the number of fixtures being installed, submit specs for pump/ ejectors:

#	#	#	#
Tubs/showers	Bidets	Sewage Ejectors	Sewers
Shower Stalls	Drinking Fountains	Dishwashers	Gas Piping
Lavatories	Floor Drains	Grease Traps	Laundry Tubs
Toilets	Water Heaters	Back Flow Preventers	Sump Pumps
Urinals	Water Softeners	Water Pumps	Lawn Irrigation (# of heads)
Sinks	Other:		
Public Water <input type="checkbox"/> YES or <input type="checkbox"/> NO		Public Sewer <input type="checkbox"/> YES or <input type="checkbox"/> NO	
Water Service Size Inches		Water Meter Size Inches	
Utility Service Revisions:			
Est. Start Date:	Est. Finish Date:	Plumbing Work Est. Value\$	

.. Mechanical Contractor Information

Last Name:	First Name:	Phone:
Street	City, State, Zip:	
Cell Phone:	Fax Number :	Reg.#

.. Mechanical Permit Application - Enter the number of new or replacement units – Submit Specifications:

#	#	#
Forced Air Furnace	Incinerator	Air Handling Unit
Unit Heater	Boiler	Heat Pump
Gas/Oil Conversion	Wall HVAC Unit	Water Heater
Fire Place	Split System A/C	Appliances
Solid Fuel Appliance	A/C Compressor	Hydronic System – Hot Water
Utility Service Revisions:		
Type of Heating Fuel: (check one) <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other		
Est. Start Date:	Est. Finish Date:	Mechanical Work Est. Value\$

.. Electrical Contractor Information

Last Name:	First Name:	Phone:
Street	City, State, Zip:	
Cell Phone:	Fax Number :	Reg.#

... Electrical Permit Application - Enter the number of fixtures being installed,

Type of Work	#	Type of Work	#
Switching Outlets		Bonding	
Lighting Outlets		Service Feeders	
Receptacle Outlets		HVAC	
Range/Oven		Switching Devices	
Dryer, Electric		Transformers	
Water Heater, Electric		Smoke Detectors	
Heating, Electric		Electrical Work Estimated Value \$	
Service Panel Size			



TOWNSHIP OF NEW BRITAIN

Bucks County, Pennsylvania
Founded: 1723

Addendum to Construction Permit

The applicant for the construction permit, pursuant PA Act 44 of 1993, submits:

- Certificate of Insurance – complete Sections I, III, & IV.
- Certificate of Self-insurance – complete Sections I, III, & IV.
- Affidavit of Exemption – complete Sections II, III, & IV.

I. Attach the Certificate of Insurance or Certificate of Self-insurance as proof of Worker's Compensation. The municipality must be named as the "Certificate Holder". Please complete the following:

Name of Insurer _____

Address _____

City _____ State _____ Zip _____

Policy number _____ Expiration date _____

Name of Policyholder (Contractor) _____

Address _____

City _____ State _____ Zip _____

Federal or State employer identification number _____

1. This policy provides coverage for the requirements of the Worker's Compensation Act, the Occupational Disease Act, and where applicable, the Federal Longshore and Harbor Worker's Compensation Act.
2. The insurer has been notified that the municipality issuing the permit is to be named as a certificate holder
3. Any subcontractors used on this project will be required to have Worker's Compensation Coverage.
4. The contractor/policyholder will notify the municipality of any change in status, cancellation, or expiration of the policy.
5. Violation of the Worker's Compensation Act will result in the issuance of a "stop-work" order and/or any remedies allowed by the municipality by law.

(over)

II. If an exemption is claimed, complete the following:

Basis for the exemption (check one):

- Applicant is an individual who owns the property.
- Contractor is a sole proprietorship without employees.
- Contractor/Applicant is a corporation, and employees working on the project qualify as "executive employees" under section 104 of the Worker's Compensation Act.
- All of the contractor's employees are exempt on religious grounds under section 304.2 of the Worker's Compensation Act (attach an explanatory sheet).
- Other. (attach an explanatory sheet)

1. Any subcontractors used on this project are required to carry Worker's Compensation Insurance.
2. The Applicant is not permitted to employ any individual to perform work on this project in violation of the act.
3. Violation of the Worker's Compensation Act will result in the issuance of a "stop-work" order and/or any remedies available to the municipality.

III. Name of applicant _____
Address _____
City _____ State _____ Zip _____

My signature on behalf of or as the contractor/applicant constitutes my verification that the statements contained here are accurate and true, otherwise I am subject to the penalties of 18 Pa. C.S.A. 4904 relating to un-sworn falsifications to authorities.

IV.

_____	_____
Signature	Title
_____	_____
Print Name	Company Name