



NEW BRITAIN TOWNSHIP

207 Park Avenue • Chalfont, PA 18914 • Telephone: (215) 822-1391

CONSTRUCTION PERMIT APPLICATION

TOWNSHIP USE ONLY:

Permit #: _____
 Date: _____
 Payment: _____
 Check #: _____
 Receipt #: _____

Is Owner Applicant?
 Yes
 No

SUBMIT MINIMUM (2) SETS OF PLANS AND CONSTRUCTION DOCUMENTS

PERMIT TYPE: ___ Building ___ Electrical/Alarm ___ Plumbing ___ HVAC/Mechanical/Sprinkler ___ Other

Description: _____

PROPERTY INFORMATION (Site address where work is to be performed)

Street Address	City/State/Zip
Tax Map Parcel # 26-	Tenant / Business Name (Non-Residential Only)

PROPERTY OWNER INFORMATION

Name	Daytime Phone #
Email Address	Cell Phone #
Street Address	City/State/Zip

ARCHITECT/ENGINEER IN CHARGE

Name	Daytime Phone #
Email Address	Cell Phone #
Street Address	City/State/Zip

CONTRACTOR INFORMATION

CONTRACTOR	NAME	ADDRESS	PHONE #	ESTIMATED VALUE \$
GENERAL				
ELECTRICAL				
ALARM				
PLUMBING				
HVAC/MECH				
SPRINKLER				
ROOFING				
FOUNDATION				
CARPENTERS				
OTHER				

Permit #: _____

COMPLETE FOR RESIDENTIAL CONSTRUCTION ONLY

	NO.		NEW SQ. FT.
Stories		Basement Area	
Bedrooms		1 st. Floor	
Full Baths		2 nd. Floor	
Partial Baths		3 rd. Floor	
Garage (bays)		Garage Area	
Height Above Grade		Attic	
Fireplaces (Custom)		Deck/Patio	
Fireplace (Factory)		Rear Porch/Sunroom/Breakfast Nook	
TOTAL CONTRACT VALUE \$		TOTAL SQ. FT.	

PROPOSED GENERAL CONSTRUCTION WORK

<input type="checkbox"/> ADDITION	<input type="checkbox"/> ACCESSIBILITY	<input type="checkbox"/> ROOF OVER FRONT PORCH
<input type="checkbox"/> BASEMENT RENOVATION (Bedroom requires 2 nd means of egress)	<input type="checkbox"/> SHED	
<input type="checkbox"/> BATHROOM RENOVATION	<input type="checkbox"/> INTERIOR ALTERATION	<input type="checkbox"/> SOLAR
<input type="checkbox"/> DECK	<input type="checkbox"/> KITCHEN RENOVATION	<input type="checkbox"/> SUNROOM / ENCLOSED REAR PORCH
<input type="checkbox"/> DECK WITH ROOF	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TENANT FIT-OUT
<input type="checkbox"/> FENCE	<input type="checkbox"/> EXTERIOR ALTERATION	<input type="checkbox"/> WALKWAY
<input type="checkbox"/> FENCE CROSSING EASEMENT	<input type="checkbox"/> PATIO WITH ROOF	<input type="checkbox"/> OTHER

NOTE: Manual J Heat Load Calculations - required for all new construction or new living space if using existing heating system

FRAMING: _____ Steel _____ Masonry _____ Concrete _____ Wood _____ Other

DETAILED DESCRIPTION OF WORK:

Construction Type: <input type="checkbox"/> Non-Residential <input type="checkbox"/> Residential	CONTRACT VALUE FOR GENERAL CONSTRUCTION (EXCLUDING: ELEC, PLUMB, HVAC/ SPR) \$	Total Project Sq. Ft.
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ELECTRICAL (2 PLAN SETS) and/or FIRE / SPRINKLER ALARM

All Electrical Plans must be approved by a United Inspection Agency

Total Service _____ Amps	# of Circuits ___ 2-Wire ___ 3-Wire ___ 4-Wire	No. of Services Outlets _____ 110V _____ 220V
New Service _____ Amps	Upgrade Service _____ Amps	

DESCRIPTION OF WORK:

NAME	LICENSE #
TOTAL ELECTRIC CONTRACT VALUE \$	
TOTAL ALARM CONTRACT VALUE \$	



Permit #: _____

HVAC / MECHANICAL WORK and/or SPRINKLER

Residential System (check one) : <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Removal	Commercial System(check one) : <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Removal
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PROPOSED WORK		
<input type="checkbox"/> Above ground Tank _____ gallons	<input type="checkbox"/> Roof Top Unit	<input type="checkbox"/> Sprinkler System – Alteration
<input type="checkbox"/> AC Compressor	<input type="checkbox"/> Gas/Oil Conversion Unit	<input type="checkbox"/> Sprinkler System – New
<input type="checkbox"/> Air Cleaner	<input type="checkbox"/> Indoor/Outdoor Fireplace or insert	<input type="checkbox"/> Stand-Pipe
<input type="checkbox"/> Air Handling	<input type="checkbox"/> Extension of existing supply/return ducts only	<input type="checkbox"/> Alarm System – Alteration
<input type="checkbox"/> Electric Furnace	<input type="checkbox"/> Stove – Wood/Coal/Pellet	<input type="checkbox"/> Alarm System – New
<input type="checkbox"/> Coil Unit	<input type="checkbox"/> Underground Tank _____ gal	<input type="checkbox"/> Ansul System
<input type="checkbox"/> Forced Air Unit	<input type="checkbox"/> Underground Tank Removal _____ gal	<input type="checkbox"/> Exhaust Hood (COMERCIAL)
<input type="checkbox"/> Boiler	<input type="checkbox"/> Emergency Generators	<input type="checkbox"/> OTHER

DESCRIPTION OF WORK: _____

TOTAL HVAC / MECHANICAL CONTRACT VALUE \$	
TOTAL SPRINKLER CONTRACT VALUE \$	# OF SPRINKLER HEADS:

PLUMBING WORK

ENTER THE NUMBER OF FIXTURES BEING INSTALLED OR REPLACED
PROVIDE RISER DIAGRAM ON SEPARATE SHEET

FIXTURES:	QUANTITIES:				
	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR	4TH OR ABOVE
Sinks /Lavatories/ Mop Sinks					
Bath / Tubs / Showers					
Urinals / Water Closets					
Ejector pumps					
Floor drains / Floor sinks					
Garbage Disposal / Grease trap / Interceptors					
Irrigation System					
Water heaters (expansion tank required)					
Washing Machine/ Hose Bib					
Dishwashers					
Drinking fountains					
Water Service Line - Interior Water-Sewer Line					
Water Softener					
Other:					
TOTAL PLUMBING CONTRACT VALUE \$	TOTAL # FIXTURES:				

NOTE: PERMIT APPLICATION SUBMISSION DOES NOT GRANT “APPROVAL” TO START WORK.

By signing this application, I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit. I understand that the issuance of the permit creates no legal liability, express or implied, on New Britain Township; and certify that all the above information is accurate. Permit expires if work is not started in 6 months, or if work is discontinued for 6 months in the judgment of the Township. The Township Inspector, or the Inspector's authorized agent, is authorized to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the proposed work. Failure to comply with the above will result in a STOP WORK order. The Township reserves the right to request a copy of all contracts for work performed.

Owner / Authorized Agent (Print Name)	Signature of Owner/Authorized Agent	Date
Contact for permit questions _____	Phone _____	E-mail _____



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 of 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 law



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

Basis for 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 penalties of 18 Pa. C.S.A. 4904 relating to un-sworn falsifications to authorities.

IV.

Signature

Title

Print Name

Company Name



CONSTRUCTION PERMIT APPLICATION COMPLETION CHECKLIST

- ___ Application form completed in its entirety
- ___ Filing Fee
- ___ Two complete sets of building plans
- ___ Mechanical detail showing make, model, ratings, size and location of supply and return ducts. Supply heat load calculations
- ___ Plumbing details showing type and location of fixtures, stacks, pipe sizes, isometrics, method and size of sewage disposal and water distribution system
- ___ Electrical details including location of lighting receptacles, size of wiring on each circuit, size and location of services
- ___ Two complete sets of fire alarm and suppression system plans and calculations, if required
- ___ All outside agency approvals (i.e. Bucks Co. Dept of Health, PA Dept. of Health, PA Dept. of Industry)
- ___ Required elevations provided
- ___ Complete floor plan
- ___ Complete foundation plan
- ___ Full cross-section of construction, listing of materials, etc
- ___ Window & door schedules; Cut sheet on egress windows, handrails and guards and stairs and fireplace details
- ___ Compliance of Worker's Compensation Act

IMPORTANT REMINDER

***IF A ZONING PERMIT IS REQUIRED FOR YOUR PROJECT, YOU MUST OBTAIN ZONING APPROVAL PRIOR TO SUBMITTING YOUR CONSTRUCTION PERMIT APPLICATION. YOUR APPLICATION WILL NOT BE OFFICIALLY RECEIVED BY NEW BRITAIN TOWNSHIP UNTIL THE PROPER ZONING APPROVALS HAVE BEEN OBTAINED.**

****ALL APPLICABLE ITEMS FROM THE LIST ABOVE MUST BE INCLUDED WITH YOUR SUBMITTAL FOR YOUR APPLICATION TO BE OFFICIALLY RECEIVED BY NEW BRITAIN TOWNSHIP.**

