

PERMIT COVER PAGE

Site Address _____

Project/Application Type(ex.roof, sewer lateral, deck etc)_____

Project Name(if any)_____

Plans (list type)_____

Application

Specifications (list type)_____

Other _____

Other _____

Other _____

BOROUGH OF NEWTOWN

BUILDING PERMIT APPLICATION PROCEDURES

PLEASE MAKE SURE ALL CHECKLIST ITEMS ARE COMPLETE BEFORE SUBMITTAL

Building Permit Checklist

- All relevant sections of application completed
- Application signed and dated
- Site/Plot Plan with all dimensions
- 2 copies of plans and specifications IF USING PAPER/HARDCOPY
- 1 digital copy of plans and specifications
- Copy of certificate of insurance for all contractors/subcontractors

Notes:

Work may not start until a permit has been approved and granted. The permits are to be displayed so as to be visible from the street. Final approval shall not be granted until all fees are paid in full.

INSPECTIONS – Call the Borough inspector (610-324-9002) at least 24 hours in advance to schedule each inspection. Notification for inspections at the various stages of construction is the responsibility of the applicant and/or contractor. If the appropriate inspections are not requested, they will not be performed and uninspected work will not be granted final approval.

All Subdivision and Land Development approvals must be complete before submitting application for a building permit. The Borough requires stamped plans if any structural materials (i.e.: steel, trusses, bond beams or manufactured beams) are being used in the construction of structure.

BOROUGH OF NEWTOWN

*** PLEASE MAKE SURE ALL CHECKLIST ITEMS ARE COMPLETE BEFORE SUBMITTAL***

OWNERS MAY ALWAYS DRAW OR GENERATE THEIR OWN PLAN WITH DOCUMENTATION

ALL TRUSSES REQUIRE SEALED PLANS

- A completed application.
- 2 sets of site/plot plans.
- 2 sets of complete plans and specifications. (SIGNED AND SEALED IF PROFESSIONAL) OR
- 1 digital copy of plans
- Site Plans must include:
 - Size and location of all new and existing structures on the site
 - Location of any recreational facilities (ex. athletic courts, pool...)
 - Accessible parking, all locations of public access to the facility, accessible exterior routes and locations of accessible entrances. Commercial only
 - Recognized street grades and proposed finished grade.
- Accessibility requirements for Commercial construction only
- Architectural and specifications must include:
 - Description of uses and the proposed occupancy group(s) for all portions of the building. The design approach for mixed-uses (as applicable).
 - Fully dimensioned drawings to determine areas and building height.
 - Adequate details and dimensions to evaluate accessible means of egress, including occupant loads for each floor, exit arrangement and sizes, corridors, doors, stairs, ramps, handrails, areas of refuge, etc.
 - Adequate details and dimensions to evaluate the accessible route to areas required to be accessible, including corridors, doors, protruding objects, maneuvering clearances, clear floor space at fixtures and controls, etc.
 - Accessibility provisions including but not limited to access to services, seating, dining, listening systems, accessible fixtures, elevators, work surfaces, etc.
 - Accessible plumbing facilities and details.
 - Visual and tactile signage provided.
 - Details of required fire protection systems and user controls.

All accessibility plan reviews are based on the applicable edition of ICC ANSI A117.1, Accessible and Usable Buildings and facilities in reference to the applicable International Building Code (IBC).

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Code Enforcement Office
23 NORTH STATE ST.
NEWTOWN, PA 18940
PHONE (215) 860-8859
CELL (610)-324-9002

BOROUGH OF NEWTOWN BUILDING PERMIT APPLICATION

| |
|--------------------------------------|
| Permit# _____ For Office Use Only |
|--------------------------------------|

Application Date _____/_____/_____

I. Property Information:

Site Address _____ Tax Map Parcel # _____

Residential Commercial 1 & 2 Family Multi-Family HARB Y or N _____ Zoning _____

If YES to HARB Please provide date of Cof A _____

II. Property Owner:

Preferred form of contact Phone Email

Name _____

Phone #(Home) _____ (Mobile) _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

III. Contractor Information: Same as Owner

Preferred form of contact Phone Email

Company _____

Name _____

Phone #(Business) _____ (Mobile) _____

Email _____ PA License (HIC)# _____

Mailing Address _____

City _____ State _____ Zip _____

IV. Applicant: Same as Owner Same as Contractor

Preferred form of contact Phone Email

Name _____

Phone#(Home) _____ (Mobile) _____ (Business) _____

Email _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Contact Person: Property Owner Contractor Applicant

V. Building:

Type of application: Addition Alteration New Residential Building

New Commercial Building Demolition (**AFTER JHC APPROVAL**)

Description of Work:

Est. Start Date _____/_____/_____ Est. Finish Date _____/_____/_____ Est. Job Cost \$ _____

Applicant Signature _____ Contact# _____

Include copy of written proposal/contract.

Proposed Use:

| | | |
|--|--|--|
| Residential: | Non Residential: | |
| <input type="checkbox"/> One or Two Family | <input type="checkbox"/> Religious | <input type="checkbox"/> Hospital, Institutional |
| <input type="checkbox"/> Multi Family | <input type="checkbox"/> Industrial | <input type="checkbox"/> Office, Professional |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Parking Garage | <input type="checkbox"/> School, Library |
| <input type="checkbox"/> Carport | <input type="checkbox"/> Service Station | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |

Structural Frame: Steel Concrete Wood Masonry Other _____
 Exterior Walls: Wood Masonry Concrete Steel Other _____
 Roof Construction: Rafter Wood Truss Steel Truss Other _____
 Roof Covering: Asphalt/Fiberglass Shingles Metal Built-Up Other _____

| | | |
|--|------------------------|-------------------------|
| Dimensions: | | |
| Number of Stories: _____ | Front Setback _____ | Industrial Area _____ |
| Total Sqft of Floor Area: _____ | Rear Setback _____ | Commercial Area _____ |
| Total Land Area, sqft: _____ | Left Setback _____ | Building Area _____ |
| | Right Setback _____ | Living Area _____ |
| Total alteration/addition, sqft: _____ | Building Height _____ | Garages _____ |
| <u>Residential buildings only</u> | | Garage Area _____ |
| No. of bedrooms _____ | No. of Bathrooms _____ | |
| Full _____ | Full _____ | |
| Partial _____ | Half _____ | Building Value \$ _____ |

VI. Electric: Permit # _____

Contractor(Company) _____
 Name _____
 Phone #(Business) _____ (Mobile) _____
 Email _____ PA License (HIC)# _____
 Mailing Address _____
 City State Zip

| | Power Devices/Load | | Power Devices/Load |
|--|--------------------|--|--------------------|
| 1 | | 5 | |
| 2 | | 6 | |
| 3 | | 7 | |
| 4 | | 8 | |
| Service Amps: | | Total # of Motors: | |
| Number of Outlets: _____ 110 volt _____ 220 volt _____ | | Number of Circuits: _____ 2 wire _____ 3 wire _____ 4 wire _____ | |

Description of Work:

Est. Job Cost \$ _____

VII. Plumbing: Permit# _____

Contractor(Company) _____
 Name _____
 Phone #(Business) _____ (Mobile) _____
 Email _____ PA License (HIC)# _____
 Mailing Address _____
 City State Zip

| Fixture Type | #Fixtures | Fixture Type | #Fixtures | Fixture Type | #Fixtures |
|-------------------|-----------|-----------------|-----------|----------------------|-----------|
| Tub/showers | | Water Heaters | | Drinking Fountains | |
| Shower Stalls | | Water Softeners | | Bottle Fillers | |
| Lavatories | | Water Pumps | | Back Flow Preventers | |
| Toilets | | Sump Pump | | Swimming Pools | |
| Urinals | | Sewage Ejectors | | Standpipes | |
| Sinks | | Floor Drains | | Fire Sprinklers | |
| Laundry Tubs | | Grease Traps | | Other | |
| Dishwashers | | Bidets | | | |
| Garbage Disposals | | | | | |
| | | | | Total # Fixtures | |

Water Service Size _____ IN Water Meter Size _____ IN

Description of Work:

Est. Job Cost \$ _____

VIII. Mechanical: Permit# _____

Contractor(Company) _____
 Name _____
 Phone #(Business) _____ (Mobile) _____
 Email _____ PA License (HIC)# _____
 Mailing Address _____
 City State Zip

| Type | # Units | Type | # Units | Type | # Units | Type | # Units |
|--------------------|---------|----------------------|---------|------------------|---------|-------------------|---------|
| Boiler | | Gas/Oil Conversion | | Electric Furnace | | A/C Compressor | |
| Forced Air Furnace | | Space Heater | | Coil Unit | | Air Handling Unit | |
| Heat Pump | | Incinerator | | Mini-Split HP | | Air Cleaner | |
| Unit Heater | | Solid Fuel Appliance | | Split System A/C | | Other | |

Type of heating fuel: Gas Oil Electric Coal Wood Other

Description of Work:

Est. Job Cost \$ _____

IX. Accessibility:

Permit# _____

Existing/Previous Use/Occupancy type:

IBC Use Group: _____

| | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Religious | <input type="checkbox"/> Hospital, Institutional |
| <input type="checkbox"/> Mercantile/Store | <input type="checkbox"/> Industrial | <input type="checkbox"/> Office, Professional (Medical...) |
| <input type="checkbox"/> Tavern/Bar | <input type="checkbox"/> Educational | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Utility | <input type="checkbox"/> Other _____ |

Existing/Previous Use/Occupancy classification:

| | | | | |
|-----------------------------|-----------------------------|-----------------------------|--|-----------------------------|
| <input type="checkbox"/> A1 | <input type="checkbox"/> E | <input type="checkbox"/> H4 | <input type="checkbox"/> M | <input type="checkbox"/> S2 |
| <input type="checkbox"/> A2 | <input type="checkbox"/> F1 | <input type="checkbox"/> H5 | <input type="checkbox"/> R1 | <input type="checkbox"/> U |
| <input type="checkbox"/> A3 | <input type="checkbox"/> F2 | <input type="checkbox"/> I1 | <input type="checkbox"/> R2 | <input type="checkbox"/> R4 |
| <input type="checkbox"/> A4 | <input type="checkbox"/> H1 | <input type="checkbox"/> I2 | <input type="checkbox"/> R3 Adult Care | |
| <input type="checkbox"/> A5 | <input type="checkbox"/> H2 | <input type="checkbox"/> I3 | <input type="checkbox"/> R4 | |
| <input type="checkbox"/> B | <input type="checkbox"/> H3 | <input type="checkbox"/> I4 | <input type="checkbox"/> S1 | |

Description: _____

Proposed Use/Occupancy type:

IBC Use Group: _____

| | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Religious | <input type="checkbox"/> Hospital, Institutional |
| <input type="checkbox"/> Mercantile/Store | <input type="checkbox"/> Industrial | <input type="checkbox"/> Office, Professional (Medical...) |
| <input type="checkbox"/> Tavern/Bar | <input type="checkbox"/> Educational | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Utility | <input type="checkbox"/> Other _____ |

Proposed Use/Occupancy Classification:

| | | | | |
|-----------------------------|-----------------------------|-----------------------------|--|-----------------------------|
| <input type="checkbox"/> A1 | <input type="checkbox"/> E | <input type="checkbox"/> H4 | <input type="checkbox"/> M | <input type="checkbox"/> S2 |
| <input type="checkbox"/> A2 | <input type="checkbox"/> F1 | <input type="checkbox"/> H5 | <input type="checkbox"/> R1 | <input type="checkbox"/> U |
| <input type="checkbox"/> A3 | <input type="checkbox"/> F2 | <input type="checkbox"/> I1 | <input type="checkbox"/> R2 | <input type="checkbox"/> R4 |
| <input type="checkbox"/> A4 | <input type="checkbox"/> H1 | <input type="checkbox"/> I2 | <input type="checkbox"/> R3 & Adult Care | |
| <input type="checkbox"/> A5 | <input type="checkbox"/> H2 | <input type="checkbox"/> I3 | <input type="checkbox"/> R4 | |
| <input type="checkbox"/> B | <input type="checkbox"/> H3 | <input type="checkbox"/> I4 | <input type="checkbox"/> S1 | |

Type of Construction (IBC):

| | | | | | | | | |
|-----------------------------|-----------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> IA | <input type="checkbox"/> IB | <input type="checkbox"/> IIA | <input type="checkbox"/> IIB | <input type="checkbox"/> IIIA | <input type="checkbox"/> IIIB | <input type="checkbox"/> IV | <input type="checkbox"/> VA | <input type="checkbox"/> VB |
|-----------------------------|-----------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|

Description: _____

Approved By _____ PA Cert # _____ Date _____

X. Plot Plan:

