

**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** – Contact the Borough inspector at [buildingandzoning@boroughofnewtown.com](mailto:buildingandzoning@boroughofnewtown.com) 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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## BOROUGH OF NEWTOWN BUILDING PERMIT APPLICATION

Permit# _____ For Office Use Only
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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:

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

Applicant Signature \_\_\_\_\_ Contact# \_\_\_\_\_

**Include copy of written proposal/contract.**

Proposed Use:

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

<u>Dimensions:</u>		
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
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Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved By \_\_\_\_\_ PA Cert # \_\_\_\_\_ Date \_\_\_\_\_

**X. Plot Plan:**

