

APPLICATION DATE: ___/___/___ APPROVAL DATE: ___/___/___ PERMIT # _____

CONSOLIDATED CONSTRUCTION PERMIT APPLICATION

UPPER GWYNEDD TOWNSHIP
CODE ENFORCEMENT DEPARTMENT

215-699-7777

Construction Permits are required for residential and commercial **new construction, additions, alterations, repairs, demolitions, plumbing, mechanical, electrical, swimming pools, sheds, decks, patios, driveway expansions, roofing replacement, and fences.** Permit applications must be completed and submitted with two (2) sets of applicable drawings and specifications. If work is new construction, or exterior to the existing structure, two (2) plot plans showing the location and dimensions of the proposed construction and all existing property features (including easements) must be submitted. Please include a copy of any prior approvals if applicable (i.e. variance, grading permit)

PROPERTY ADDRESS: _____

EXISTING USE: _____ RESIDENTIAL _____ COMMERCIAL _____
(Specific Use)

OWNER NAME: _____

MAILING ADDRESS: _____

HOME PHONE: _____

MOBILE PHONE: _____

EMAIL ADDRESS: _____

=====

CONTRACTOR NAME: _____
(State Registration #)

MAILING ADDRESS: _____

BUSINESS PHONE: _____

MOBILE PHONE: _____

EMAIL ADDRESS: _____

PLEASE PROVIDE, OR ATTACH A DETAILED DESCRIPTION OF THE PROPOSED WORK BELOW:

FOR SHEDS, GAZEBOS, AT-GRADE PATIOS, FENCES, AND DRIVEWAYS STOP HERE, ATTACH TWO (2) PLOT PLANS, AND PROVIDE AUTHORIZED SIGNATURE ON PAGE 4. FOR ALL OTHER PROPOSED CONSTRUCTION COMPLETE PAGES 2-3.

SUBCONTRACTOR, ARCHITECT, AND DESIGN PROFESSIONAL CONTACT INFORMATION:

NAME ADDRESS PHONE

PLUMBING: _____

ELECTRICAL: _____

MECHANICAL: _____

ROOFING: _____

ARCHITECT: _____

ENGINEER: _____

BUILDING SECTION	CONTRACT VALUE \$ _____
TYPE OF STRUCTURE:	___ SINGLE FAMILY ___ TWIN ___ TOWNHOUSE ___ APARTMENT ___ OTHER, EXPLAIN _____
STRUCTURAL FRAME:	___ WOOD ___ MASONRY ___ CONCRETE ___ STEEL OTHER, EXPLAIN _____
CHECK ALL THAT APPLY:	___ ELEVATOR/ESCALATOR/LIFTS/MOVING WALKS ___ SPRINKLER SYSTEM ___ PRESSURE VESSELS ___ REFRIGERATION SYSTEMS ___ FIREPLACE(S) QTY ___ TYPE OF FUEL _____ TYPE OF VENT _____
SCOPE OF WORK:	BEDROOMS # ___ FULL BATHS # ___ PARTIAL BATHS # ___ STORIES # ___ GARAGES # ___ EXTERIOR PARKING SPOTS # ___ LIVING AREA SF _____ GARAGE AREA SF _____ BUILDING AREA SF _____ BASEMENT AREA SF _____ OFFICE SALES SF _____ SERVICE SF _____
OTHER:	_____

PLUMBING SECTION*	CONTRACT VALUE \$ _____
SIZE OF WATER SERVICE _____	SIZE OF SEWER CONNECTION _____
TUBS/SHOWERS # ___ SHOWER STALLS # ___ LAVATORIES # ___ URINALS # ___ SINKS # ___	
LAUNDRY TUBS # ___ DISHWASHERS # ___ GARBAGE DISPOSALS # ___ WATER HEATERS # ___ TOILET # ___	
WATER SOFTNERS # ___ SEWAGE EJECTORS # ___ BACK FLOW PREVENTORS # ___ WATER PUMPS # ___	
OTHER: _____	
WATER SERVICE: ___ PUBLIC ___ PRIVATE	SEWER SERVICE ___ PUBLIC ___ PRIVATE _____

***PLUMBERS MUST BE REGISTERED IN THE TOWNSHIP**

MECHANICAL SECTION	CONTRACT VALUE \$ _____
FUEL TYPE: ___ GAS ___ OIL ___ LP ___ ELECTRIC ___ COAL ___ WOOD ___ OTHER _____	
FORCED AIR FURNACE # ___ SOLID FUEL APPLIANCE # ___ HEAT PUMP # ___ AIR HANDLING UNIT _____	
ELECTRIC FURNACE # ___ SPACE HEATER # ___ UNIT HEATER # ___ BOILER # ___ GRAVITY FURNACE# _____	
INCINERATOR # ___ AC COMPRESSOR # ___ SPLIT AC UNIT # ___ COIL UNIT# ___ AIR CLEANER # _____	
OTHER: _____	
GAS/OIL CONVERSION _____ GAS SERVICE SIZE _____ OIL TANK SIZE _____	

ELECTRICAL SECTION	CONTRACT VALUE \$ _____				
SERVICE AMPS _____ # OF CIRCUITS _____ # OF SERVICE OUTLETS _____ 110 V _____ 220 V					
<u>LIST DEVICE</u>	<u>QTY</u>	<u>LOAD OUTPUT</u>	<u>LIST DEVICE</u>	<u>QTY</u>	<u>LOAD OUTPUT</u>
SWITCHES			WASHER		
RECEPTACLES			DRYER		
CIRCUIT PANELS			A/C UNIT		
LIGHTS			SPA / HOT TUB		
SMOKE DETECTOR			CO DETECTOR		
DISHWASHER			HOT WATER HEATER		
GENERATOR			HEATER		
HEAT PUMP			LUMINAIRES		
<i>APPLICANTS FOR ELECTRICAL PERMITS MUST MEET THE DEFINITION OF "QUALIFIED PERSON" AS CONTAINED IN THE NATIONAL ELECTRIC CODE, ARTICLE 100. ALL PERMIT REVIEWS AND INSPECTIONS PERFORMED BY UPPER GWYNEDD TOWNSHIP BUILDING CODE OFFICIAL.</i>					

FIRE PROTECTION SECTION	CONTRACT VALUE \$ _____
SPRINKLER HEADS # ___ STAND PIPE # ___ SUPPRESSION SYSTEM # ___ HOOD SUPPRESSION SYSTEM # _____	
FIRE HYDRANTS # ___ FIRE PUMPS # ___ FIRE ALARM SYSTEM # ___ SMOKE CONTROL SYSTEM # _____	
FIRE DETECTION SYSTEM # ___ SPECIALTY SYSTEM: _____	

ROOFING	CONTRACT VALUE \$ _____ SQUARES _____
RESIDENTIAL ATTACHED _____ RESIDENTIAL DETACHED _____ TYPE OF ROOF: _____	
COMMERCIAL _____ TYPE OF ROOF: _____ TORCH USE (REQUIRES FIRE PERMIT) _____	

Authorization/Acknowledgement

The property owner/authorized agent certifies that all information provided in this permit application is correct and does hereby agree to comply with all applicable Upper Gwynedd Township codes, ordinances, and regulations.

Signature of owner/authorized agent

Print Name

Address

Date

*****FOR ADMINISTRATIVE USE ONLY*****

ZONING REVIEW AND PRIOR APPROVAL	ZONING REVIEW FEE \$ _____
	ZONING PERMIT FEE \$ _____
ZONING DISTRICT: _____ ZONING USE: _____	
SETBACKS: Front Yard _____ Rear Yard _____ Left Side _____ Right Side _____	
PROPOSED: Front Yard _____ Rear Yard _____ Left Side _____ Right Side _____	
GRADING PERMIT ISSUED: Yes _____ No _____ Date: _____	
NOTES/CONDITIONS: _____ _____ _____ _____ _____	
PERMIT APPROVED _____ ZONING OFFICER	DATE _____

FEE SUMMARY

BUILDING \$ _____
ELECTRICAL \$ _____
PLUMBING \$ _____
MECHANICAL \$ _____
ZONING \$ _____
FIRE \$ _____

PLAN REVIEW \$ _____
CERT OF OCC \$ _____
PA UCC \$ _____
POOL FEE \$ _____
SHED FEE \$ _____
PATIO FEE \$ _____

TOTAL FEE \$ _____