

BUILDING PERMIT APPLICATION



TINICUM TOWNSHIP
 BUILDING & ZONING DEPARTMENT
 163 MUNICIPAL ROAD
 PIPERSVILLE, PA 18947
 610-294-8076
 FAX: 610-294-9889
 WWW.TINICUMBUCKS.ORG



Permit #:	Building Permit Fee:
Property Address:	\$50 App Review Fee Rcvd: -
Parcel # 44-	Total Fee Due:

Part I: GENERAL INFORMATION SUBMIT 2 SETS OF PLANS AND CONSTRUCTION DOCUMENTS

Property Owner	Name		Primary Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		
	Contact Phone#	Email	
Applicant (If other than owner)	Name		Primary Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		
	Contact Phone#	Email	

Part 2: CONTRACTORS

CONTRACTOR	PA. License #	NAME	ADDRESS	DAYTIME PHONE #	COST \$
GENERAL					
ELECTRICAL					
ENGINEER					
FIRE ALARM					
PLUMBING					
HVAC/MECH					
SPRINKLER					
OTHER					

Part 3: GENERAL CONSTRUCTION

<input type="checkbox"/> NEW CONSTRUCTION (SKIP TO 4)	<input type="checkbox"/> KITCHEN RENO	<input type="checkbox"/> PATIO	<input type="checkbox"/> GARAGE
<input type="checkbox"/> ADDITION	<input type="checkbox"/> BATHROOM RENO	<input type="checkbox"/> DECK	<input type="checkbox"/> CAR PORT
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> FINISHED ATTIC	<input type="checkbox"/> ENCLOSED PORCH	<input type="checkbox"/> INTERIOR DEMOLITION
<input type="checkbox"/> REPAIR/REPLACE	<input type="checkbox"/> FINISHED BASEMENT	<input type="checkbox"/> SUNROOM <input type="checkbox"/> HEATED	<input type="checkbox"/> TOTAL BLDG DEMOLITION
<input type="checkbox"/> FOUNDATION	<input type="checkbox"/> FINISHED BASEMENT (BEDROOM requires 2 nd means of egress)		<input type="checkbox"/> OTHER:
FIT-OUT: <input type="checkbox"/> RETAIL <input type="checkbox"/> OFFICE <input type="checkbox"/> COMMERCIAL			
<input type="checkbox"/> NON RESIDENTIAL:			
<input type="checkbox"/> OTHER:			
DETAILED DESCRIPTION OF WORK:			
FRAMING: <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other:			
TYPE OF SEWAGE: <input type="checkbox"/> Private (septic tank, etc.) <input type="checkbox"/> Public or Private Company			
TYPE OF WATER SUPPLY: <input type="checkbox"/> Private (well) <input type="checkbox"/> Public or Private Company			
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	\$	Total Project Sq. Ft.	

Part 4: NEW RESIDENTIAL CONSTRUCTION		Applicable: <input type="checkbox"/> Yes <input type="checkbox"/> No	
DETAILED DESCRIPTION OF PROJECT:			
	NO.		SQ. FT. OF
Bedrooms		1 st Floor	
Full Baths		2 nd Floor	
Partial Baths		3 rd Floor	
Off Street Indoor Parking Spaces		Garage Area	
Off Street Outdoor Parking Spaces		Attic	
Height Above Grade		Deck/Patio	
Fireplaces (Custom)		Porch/Sunroom/Breakfast Nook	
Fireplace (Factory)		Other:	
TOTAL CONTRACT VALUE \$		FEE \$	TOTAL SQ. FT.

Part 5: ELECTRICAL / ALARM		Applicable: <input type="checkbox"/> Yes <input type="checkbox"/> No	
All Electrical Plans must be reviewed and approved by a third-party electrical agency licensed in Pennsylvania. The same agency will conduct electrical inspections as required by the code official.			
Total Service _____ Amps	No. of Circuits _____ 2-Wire _____ 3-Wire _____ 4-Wire	No. of Services Outlets _____ 110V _____ 220V	
New Service _____ Amps	Upgrade Service _____ Amps	<input type="checkbox"/> Temporary Service	<input type="checkbox"/> Reintroduction of Service
Swimming Pool: <input type="checkbox"/> In Ground <input type="checkbox"/> Above Ground	<input type="checkbox"/> Electric Signs	<input type="checkbox"/> Solar	<input type="checkbox"/> Back-Up Generator Fuel Type:
DESCRIPTION OF WORK:			
<i>NOTE: Applicant is responsible to contract with a third-party agency licensed in Pennsylvania for electrical plan review and inspection. services.</i>			
Electrician Name:		Signature:	
TOTAL CONTRACT VALUE \$		FEE \$	

Part 6: HVAC / MECHANICAL WORK / SPRINKLER		Applicable: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Manual J heat load calculations are required for all new construction, additions/finished basements using the existing heat system and for all HVAC system replacements. Provide cut sheets for all new equipment.			
Residential System (check one): <input type="checkbox"/> New <input type="checkbox"/> Replacement		Commercial System (check one): <input type="checkbox"/> New <input type="checkbox"/> Replacement	
Proposed Work (check all that apply):			
<input type="checkbox"/> AC Compressor	<input type="checkbox"/> Electric Furnace	<input type="checkbox"/> Roof Top Unit	
<input type="checkbox"/> Air Cleaner	<input type="checkbox"/> Exhaust Hood	<input type="checkbox"/> Sprinkler System - Alteration	
<input type="checkbox"/> Air Handling	<input type="checkbox"/> Electric Furnace	<input type="checkbox"/> Sprinkler System - New	
<input type="checkbox"/> Alarm System - Alteration	<input type="checkbox"/> Elevator	<input type="checkbox"/> Stand Pipe	
<input type="checkbox"/> Alarm System – New	<input type="checkbox"/> Fuel Tank _____ gallons	<input type="checkbox"/> Stove – Wood/Coal/Pellet	
<input type="checkbox"/> Boiler	<input type="checkbox"/> Fireplace/Fireplace insert	<input type="checkbox"/> Tank Install: <input type="checkbox"/> Above ground <input type="checkbox"/> Underground _____ gallons	
<input type="checkbox"/> Coil Unit	<input type="checkbox"/> Forced Air Unit	<input type="checkbox"/> Tank Removal: <input type="checkbox"/> Above ground <input type="checkbox"/> Underground	
<input type="checkbox"/> Ducts - extension of existing supply/return ducts only	<input type="checkbox"/> Gas/Oil Conversion Unit	<input type="checkbox"/> Other	
DESCRIPTION OF WORK:			
TOTAL CONTRACT VALUE \$		FEE \$	

Part 7: PLUMBING WORK		Applicable: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Enter the number of fixtures being installed or replaced					
FIXTURES:	QUANTITIES:				
	Basement	1 ST	2 ND	3 RD	4 TH OR ABOVE
Bath / Tubs / Showers					
Dishwashers					
Drinking Fountains					
Ejector Pumps					
Floor Drains / Floor Sinks					
Garbage Disposal / Grease Trap					
Hose Bibs					
Water Heaters (Expansion Tank)					
Sewer Vent Replacement					
Sinks / Mop Sinks					
Urinals / Water Closets					
Water or Sewer Line					
Water Softener					
Other:					
TOTAL FIXTURES					
TOTAL CONTRACT VALUE \$		FEE \$			

NOTE: PERMIT SUBMISSION DOES NOT GRANT "APPROVAL" TO START WORK.

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 Tinicum Township; and certify that all the above information is accurate. Permit expires if work is not started in 6 months, not completed in 12 months, or if work is discontinued for 6 months in the judgment of the Township. The Building 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.

Owner/Auth. Agent	
Signature: _____	Date: _____

FOR OFFICE USE ONLY:

TYPE	NUMBER	PERMIT FEE	TYPE	NUMBER	PERMIT FEE
BUILDING			EROSION & SEDIMENT		
ELECTRICAL			SEWAGE		
PLUMBING			SIGN		
DRIVEWAY			STORMWATER		
FENCE			USE		
FLOODPLAIN			WELL		
GRADING			PA STATE ACT 13		\$ 4.50
SUBTOTAL			TOTAL		

ZONING APPROVED: _____	Date: _____	Fee: _____
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BUILDING INSPECTOR: _____	Date: _____
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Comments/Conditions:
