

East Drumore Township

925 Robert Fulton Highway
Quarryville, PA 17566

Commercial Application for a Building/Zoning Permit

Third Party Plan Review and Code Inspection Agency	TOWNSHIP USE ONLY
COMMONWEALTH CODE INSPECTION SERVICE	Base Fee: \$ _____
Attn: Pete Kingsley	UCC Administrative Fee: \$ _____
176 Doe Run Road	UCC Training Fee: \$ _____
Manheim, PA 17545	Certificate of Occupancy: \$ _____
Phone: (717) 278-0964	Other (_____): \$ _____
Fax: (717) 664-4953	Total \$ _____
	Received Date: _____
	Complete Date: _____
	Issue Date: _____

PERMIT NUMBER: _____ (To Be Completed by Township)

TAX PARCEL ACCOUNT NUMBER: 180 - _____ ZONING DISTRICT: _____

SITE INFORMATION

Project Name _____
Street Address _____
City _____ Zip Code _____

APPLICANT

Name of Applicant _____
Address of Applicant _____ City _____ State _____
Zip code _____
Phone # _____ Email _____

OWNER OF RECORD

Name of Owner _____
Address of Owner _____ City _____ State _____
Zip code _____
Phone # _____ Email _____

APPLICATION TYPE AND USE

<input type="checkbox"/> Accessibility Only Review	Use/Occupancy Classification _____
<input type="checkbox"/> Alteration or Renovation	_____
<input type="checkbox"/> New Structure or Facility	_____
<input type="checkbox"/> Plan Revision	_____
<input type="checkbox"/> Unapproved Existing Building	Type of Construction _____
<input type="checkbox"/> New Building	_____

**PROJECT
INFO**

Brief Description of Project _____ _____
Cost of Construction _____
Height _____ Length _____ Width _____ Total Square Feet (L x W) _____
Proposed Impervious _____ square feet
Proposed Earth Disturbance _____ square feet

**DESIGN
PROFESSIONAL**

Name _____ Seal (required)
Address _____ _____
PA License # _____
Email _____
Phone _____

ALL APPLICATIONS MUST BE SUBMITTED WITH:

- 3 sets of stamped construction drawings *
- A site plan that includes distances to all property lines
- Accessibility information (parking, accessible route)
- Signature of property owner

**Failure to submit 3 sets of stamped construction drawings, may result in additional copy fees.*

**ANY APPLICATION WITH MISSING INFORMATION OR REQUIRED DOCUMENTS
WILL BE RETURNED AS INCOMPLETE.**

The holder of a building/zoning permit is responsible to ensure compliance with all applicable Township Ordinances during and at completion of the work authorized by the permit. The holder of the building/zoning permit acknowledges that the Township requires a final inspection be performed by the Building Inspector/Zoning Officer and that the Building Code Official/Zoning Officer issue a certificate of use and occupancy before the structure which is authorized by this permit may be occupied. Occupancy of a structure prior to the issuance of a certificate of use and occupancy constitutes a violation.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I hereby authorize the designated Township officials to enter on the property and to investigate, inspect, and examine the Property set forth herein, including land and structures, to determine compliance with the Construction Code and/or Zoning Ordinance and to determine the accuracy of the statements contained herein.

I am aware that I cannot commence excavation or construction until the Township has issued a Building or Zoning Permit. By signing this Application, I certify that all facts in the Applicant and all accompanying documentation are true and correct. This Application is being made by me to induce official action on the part of the Township, and I understand that any false statements made herein are being made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

I expressly acknowledge that the issuance of a Building or Zoning Permit is based upon the facts stated and representations made in this Application. I expressly acknowledge that the Township may revoke a Building or Zoning Permit if the use and/or structure for which it has been issued violate any applicable Township, County, State or Federal law or regulation. I also expressly acknowledge that the Township may revoke a Building or Zoning Permit if it has been issued in error or if issuance was based upon any misrepresentations or errors contained in the Application or otherwise made by the Applicant.

I acknowledge that the holder of a Building or Zoning Permit is responsible to ensure compliance with all applicable Township Ordinances during and at completion of the work authorized by the Permit. I acknowledge that the Township requires a final inspection be performed by the construction code official and that the Township issue a certificate of occupancy before the structure which is authorized by this permit may be occupied.

It is my responsibility to ensure that this inspection is scheduled and the certificate of occupancy obtained before the structure may be occupied. I acknowledge that if I occupy or permit the occupancy of this structure prior to the issuance of a certificate of occupancy under the Construction Code and/or Zoning Ordinance, I will have committed a violation of the Construction Code and will be subject to the penalties and remedies in the Construction Code Ordinance. I also acknowledge that, if the structure is occupied prior to the final inspection, work may have to be removed and re-executed in order that it may be adequately inspected. If the Township is required to perform an inspection after the structure is occupied, intending to be legally bound hereby, I agree to pay the fee established by the Township for delinquent inspections.

Nothing contained in this Application shall be construed to relieve or limit the obligations of the Applicant to comply with all provisions of the Zoning Ordinance or to waive violations of the Zoning Ordinance or any other Township ordinances or to stop the Township from enforcing Township ordinances, including but not limited to the Zoning Ordinance. I expressly acknowledge that permits and certificates of use and occupancy may be required under the Zoning Ordinance and it is my obligation to obtain all permits and approvals the Zoning Ordinance requires before the structure, which is authorized by the Building Permit, may be occupied.

**SIGNATURE
REQUIRED**

Applicant's Signature _____ Date _____

Owner's Signature _____ Date _____
(if different from Applicant)

The signatory hereby agrees that all permit fees (building and zoning) shall be due the municipality upon submission of the application regardless of permit issuance status. Furthermore, all permits fees are due within 15 days of applicant notification by the municipality.

If the applicant is a contractor:

1. A contractor within the meaning of Act 44 of the Pennsylvania Workers' Compensation Law

Yes No

If the answer is Yes, complete Sections A **OR** B below, as appropriate

A. Insurance Information:

Name of Applicant _____

Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for Workers' Compensation

Certificate attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy Number _____

Workers' Compensation Insurance Policy Expiration Date _____

--OR--

B. Exemption:

Contractor is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

Religious exemption under the Workers' Compensation Law.

All permit applications shall be returned to:

Solanco Engineering Associates, LLC

103 Fite Way, Suite C

Quarryville, PA 17566

Phone: (717) 786-0355

Fax: (717) 806-5748

Email: permits@solancoengineering.com

Submittal Guide for Commercial Projects

Building Plan Requirements for Commercial Projects

The following items are required for new commercial projects. Drawings should be drawn to ¼ in. or 1/8 in. scale and shall provide the necessary information to verify compliance with the building code.

All drawings shall bear the stamp and signature of the design professional responsible for the design.

Two (2) sets of construction drawings shall be submitted and shall include:

Title Page Drawing; to include the contact information for all design professionals, description of square footage per floor, number of floors, type of construction to be utilized, area modifications utilized, use group classification(s), separation or non- separation of mixed use groups, design occupant load(s), finish materials classification, design codes utilized.

Site Plan Drawings; to include all utility layouts, handicap parking & access, designated fire lanes, distance between adjacent structures and property lines.

Floor Plan Drawings; to include the use of all areas, location & types of fire resistant construction, U.L. Listing of fire resistant construction, means of egress components, handicap access.

Structural Drawings; to include the structural design calculations, geo-technical engineering report, uniform live loads, dead loads, roof & snow loads, wind loads, footing construction detail, foundation construction details, framing construction details, concrete construction details, masonry construction details, wood construction details, steel construction details.

Electrical Drawings; to include all lighting facilities, electrically operated equipment, and electrical circuits required for all service equipment of the building or structure. Drawings should include panel schedules, grounding systems, and wiring methods.

Mechanical Drawings; to include size & type of appliances, construction of flues and chimney systems, ventilation air provided, fresh air make-up provided, location of all ducting and piping.

Plumbing Drawings; to include a plan view and a riser diagram of waste & water piping, pipe sizing, grade of piping, drainage fixture unit loads on stacks and drains, water distribution design criteria.

Fire Protection Systems; to include the submittal guide for each type of system. See specific submittal guide requirements.

Date ____/____/____

APPLICATION FOR PLAN REVIEW & APPLICATION FOR COMMERCIAL BUILDING PERMIT

PROPERTY ADDRESS

Street Address:	Parcel	Zoning
Subdivision:	Lot	Type
Municipality	County	

OWNER ADDRESS

Last name or Business	First name	Phone	
		Fax	
Address	City	State	Zip

TYPE OF APPLICATION

<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Accessibility <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Other <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Occupancy		
Type of Work (Check all that apply) <input type="checkbox"/> New Construction <input type="checkbox"/> Additional construction <input type="checkbox"/> Alteration/Structural/Egress Change <input type="checkbox"/> Repair/Renovation <input type="checkbox"/> IBC <input type="checkbox"/> IEBC (1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> Foundation Permit <input type="checkbox"/> Change of Use/Occupancy <input type="checkbox"/> Initial Certificate of Occupancy	Type of Construction (Check all that apply) <input type="checkbox"/> IA <input type="checkbox"/> IV <input type="checkbox"/> 1B <input type="checkbox"/> IIA <input type="checkbox"/> VB <input type="checkbox"/> IIB <input type="checkbox"/> VA <input type="checkbox"/> IIIA <input type="checkbox"/> Separate Use <input type="checkbox"/> IIIB <input type="checkbox"/> Non-separated Use	Previous L&I Certificate #(s) <hr/> PROPOSED CODE/YEAR FOR THIS PROJECT
Use Group (List all) <input type="checkbox"/> A1 <input type="checkbox"/> H1 <input type="checkbox"/> R1 <input type="checkbox"/> A2 <input type="checkbox"/> H2 <input type="checkbox"/> R2 <input type="checkbox"/> A3 <input type="checkbox"/> H3 <input type="checkbox"/> R3 <input type="checkbox"/> A4 <input type="checkbox"/> H4 <input type="checkbox"/> R4 <input type="checkbox"/> A5 <input type="checkbox"/> H5 <input type="checkbox"/> B <input type="checkbox"/> I1 <input type="checkbox"/> S1 <input type="checkbox"/> <input type="checkbox"/> I2 <input type="checkbox"/> S2 <input type="checkbox"/> E <input type="checkbox"/> I3 <input type="checkbox"/> U <input type="checkbox"/> <input type="checkbox"/> I4 <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> M	Fire Separation <input type="checkbox"/> Single Use <input type="checkbox"/> Separated Uses <input type="checkbox"/> Non-separated Mixed Use <input type="checkbox"/> Incidental Use Main Use _____	Fire Suppression (List all) Type: <input type="checkbox"/> Wet (Water) # _____ Standard _____ <input type="checkbox"/> Dry (Water) # _____ Standard _____ <input type="checkbox"/> Chemical # _____ Standard _____ Type _____

Start Date	Finish Date	Total Value of All Work
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FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

Municipal Tracking #

Permit #

Plan Review #

Description of proposed project:

Electrical Permit Information

Electrical Service Size

_____ Amps Power Company Name _____

_____ Volts Power Company Job # _____

_____ Ø

General outlets: _____ 120 volt _____ 240 volt

Circuits: _____ 2 wire _____ 3 wire _____ 4 wire

Device Name	Watts	Amps	#	Device Name	Watts	Amps	#

Start Date	Finish Date	Value of work
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Plumbing Permit Information

Water Service Size _____ In. Dia. Water Company Name _____ _____ Pressure at main (PSI) _____ Supply at main (GPM) Water Company Job # _____							
Supply branches: _____ Hot _____ Cold				Total Demand: _____ GPM		PSI _____	
Fixture Name	GPM	PSI	#	Fixture Name	GPM	PSI	#
<input type="checkbox"/> Sewer Sewer Company Name _____ Job # _____ Size of Main _____ in. Size of Lateral _____ in. Capacity of System _____ dfu <input type="checkbox"/> Septic S.E.O. Name _____ Job # _____ Size of Tank _____ gal. Size of Lateral _____ in. Capacity of System _____ dfu. Size of Building Drain _____ in. Total Calculated Outflow _____ dfu							
Fixture Name	Drain (in)	Vent(in)	DFU	Fixture Name	Drain (in)	Vent(in)	DFU
Grease Trap _____ gal. Garbage Disposal # _____ Air Admittance Valve # _____ Back Flow Preventer # _____							
Start Date		Finish Date		Value of Plumbing Work			

Mechanical Permit Information

Number of systems	Type(s)			
SYSTEM	BTU	FUEL	VENT TYPE (+R-?)	FUNCTION (Heat? Cool? Water? Vent?)

Fuel Gas? <input type="checkbox"/> yes <input type="checkbox"/> no	Public? <input type="checkbox"/> yes <input type="checkbox"/> no	Piping Type(s) _____	
Oil? <input type="checkbox"/> yes <input type="checkbox"/> no	Tank Capacity? _____	Underground? <input type="checkbox"/> yes <input type="checkbox"/> no	
Electric? <input type="checkbox"/> yes <input type="checkbox"/> no	Total KW _____		
Duct Detectors? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of Zones? _____	Type? _____	
Kitchen Hood? <input type="checkbox"/> yes <input type="checkbox"/> no	Fire Suppression System? <input type="checkbox"/> yes <input type="checkbox"/> no	Type? _____	
Hazardous Exhaust? <input type="checkbox"/> yes <input type="checkbox"/> no	Fire Suppression System <input type="checkbox"/> yes <input type="checkbox"/> no	Type? _____	
Fire Dampers? <input type="checkbox"/> yes <input type="checkbox"/> no	Smoke Dampers <input type="checkbox"/> yes <input type="checkbox"/> no		
Smoke Control System? <input type="checkbox"/> yes <input type="checkbox"/> no	Governing Code Section(s) _____		
Regular Exhaust Fans? <input type="checkbox"/> yes <input type="checkbox"/> no	Number? _____	Duct Type(s) _____	
Fireplace? <input type="checkbox"/> yes <input type="checkbox"/> no	Number? _____		
Gas? <input type="checkbox"/> yes <input type="checkbox"/> no	Piping Type _____	Vent Type _____	
Masonry? <input type="checkbox"/> yes <input type="checkbox"/> no	Material Type _____	Chimney Type _____	
Electric? <input type="checkbox"/> yes <input type="checkbox"/> no	Kw? _____		
Start Date	Finish Date	Value of work	

Fire Alarm Permit Information

Requiring Code Section _____		
Type(s) of Wiring _____		
Battery Back Up <input type="checkbox"/> yes <input type="checkbox"/> no Generator <input type="checkbox"/> yes <input type="checkbox"/> no		
Number of Zones _____		
Type(s) of System(s) _____		
Type(s) of Detectors(s) _____ <div style="text-align: center; font-size: small;">Smoke, heat, infrared, ultraviolet, etc.</div>		
Types of Special Applications _____		
Types of Initiating Tests _____		
Start Date	Finish Date	Value of Work

Fire Suppression System Permit

Requiring Code Section(s) _____ Number of Systems _____

Design: NFPA 13 <input type="checkbox"/> yes <input type="checkbox"/> no	Wet System <input type="checkbox"/> yes <input type="checkbox"/> no	Number _____
NFPA 13R <input type="checkbox"/> yes <input type="checkbox"/> no	Dry System <input type="checkbox"/> yes <input type="checkbox"/> no	Number _____
System Type	Piping Type	System Design Pressure (PSI)
		System Design Capacity (GPM)

Alternate Systems <input type="checkbox"/> yes <input type="checkbox"/> no Pre-action <input type="checkbox"/> yes <input type="checkbox"/> no Number of Systems _____			
System Type	Chemical	Capacity	Reference Standard(s)
Start Date	Finish Date	Value of Work	

PROPOSED DEFERRED SUBMITTALS

- Foundation Permit ETA _____ / _____ / _____
- Structural Steel ETA _____ / _____ / _____
- Fire Suppression ETA _____ / _____ / _____
- Fire Alarm ETA _____ / _____ / _____
- Roof Truss ETA _____ / _____ / _____
- Floor Truss ETA _____ / _____ / _____
- Spec Books ETA _____ / _____ / _____

Design Professional in Responsible Charge

Name: _____

Registration Number _____

Seal:

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I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his delegated representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project.

Applicant _____ Date _____ Phone _____

Fax _____ Email _____ Mobile _____

PERSONNEL

General Contractor

General Contractor _____

Contact Person _____ Are there other prime contractors? yes no If yes, list separately.

Street Address _____

City _____ State _____ Zip _____

Phone _____

Mobile _____

Fax _____

Email _____

Architect

Architect in Responsible Charge _____

Lead Architect _____ Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Mobile _____

Fax _____

Email _____

Structural Engineer

Firm _____

Lead Engineer _____ Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Mobile _____

Fax _____

Email _____

Electrical Engineer

Firm _____

Lead Engineer _____ Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Mobile _____

Fax _____

Email _____

Mechanical Engineer

Architect in Responsible Charge _____

Lead Architect _____ Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Mobile _____

Fax _____

Email _____

Plumbing Engineer

Firm _____

Lead Engineer _____ Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Mobile _____

Fax _____

Email _____

Fire Alarm Engineer / Designer

Firm _____

Lead Engineer/Designer _____ Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Mobile _____

Fax _____

Email _____

Fire Suppression Engineer / Designer

Firm _____		
Lead Engineer _____	Contact Person _____	
Street Address _____		
City _____	State _____	Zip _____
Phone _____		
Mobile _____		
Fax _____		
Email _____		

NOTICE

All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC 2003 as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

Universal accessibility to all services, goods, events, and functions offered within the Commonwealth of Pennsylvania is a guaranteed civil right. Please review your construction documents to insure that right has not been violated. Basic compliance with *all* of the provisions of the standard ANSI A117.1 can help to insure that all of our citizens enjoy access to the goods and services offered within the state. Compliance with the provisions of IBC Chapter 11 and ANSI A117.1 will be field verified and shall be mandatory for receipt of a Certificate of Occupancy. Full compliance with accessibility provisions of the codes is mandatory. Failure to include provisions for compliance on the plan, or in the execution of the work is not an excuse to deny basic accessibility to our citizens.

A list of inspections that *probably* will be required, based on the permit application and plan submission, can be obtained from the Code Official at the time of permit issuance. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.

All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional.

A special inspection program list shall be furnished to Commonwealth Code Inspection Service for approval prior to the start of the project phase associated with the inspection. The list shall include name of company, corporate officers, address and other contact information, accreditation, and qualifications of individual inspectors.

The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice.

Same day service for inspections may be provided if calls are received before 8:00 AM. Telephone 717-664-2347 (Main Office) or 800-732-0043 (In Pennsylvania) or Contact your local CCIS office at