GENERAL CHECKLIST FOR OBTAINING A BUILDING PERMIT

Specific project requirements
http://www.franklintownship.us/uploads/Permit_Requirements_12.28.15.pdf

- 1. Proof of ownership or authorized agent representing property is required.
- 2. The applicant must complete a Uniform Zoning/Construction Permit Application (attached). All questions shall be completed to expedite permit processing and issuance.
- 3. Residential building applications require (2) sets of Building Plans with material lists.

 Non-Residential building applications require (2) sets of construction drawings signed and sealed.
- 4. A Plot Plan demonstrating the size and location of all structures, on-lot sewage system, alternate drainage field, well, infiltration beds, and distance to property lines (hand drawn is acceptable).
- 5. Copy of Workers' Compensation Certificate. (See attached form)
- 6. Copy of the Erosion and Sedimentation Plan and approval letter from Chester County Conservation District as applicable. Impervious areas of 1000 S.F. and greater require a storm water application.
- 7. New Home permit applications shall be accompanied with a sewage permit issued by the Chester County Board of Health.
- 8. New Home permit applications shall be accompanied with a well permit issued by the Chester County Board of Health.
- 9. Residential additions/renovations involving additional bedrooms; The Chester County Board of Health shall verify by letter, the adequacy of the existing on lot septic systems prior to the issuance of permit.
- 10. An Electrical Permit may be required with the building permit. The electrical application shall accompany the application.
- 11. A Plumbing Permit may be required with the building permit. The plumbing application shall accompany the application.
- 12. A Driveway Permit is required for any new driveway. If the driveway abuts a State Route, a PennDOT Highway Occupancy Permit shall accompany the application.
- 13. The applicant should stakeout the location of the proposed structure. The building inspector may request to verify the stakeout prior to issuing a building permit.
- 14. Non-residential building applications may require a Land Development Plan.

Building Permit fees are based on square footage using the rate in the Franklin Township Schedule of Fees. Payment is required upon issuance of permit and prior to construction. All fees shall be payable to Franklin Township.

Commercial permits shall be granted or refused within 30 days as per the Uniform Construction Code requirements after the written application has been submitted and determined complete. LTL makes every effort to process and issue residential permits within 10 working days. Questions regarding permits can be directed to LTL @ 610-987-9290 or 888-987-8886.

Remember PA One-Call before excavating, simply dial 811, or www.paonecall.org.

LTL CONSULTANTS, LTD. 610-987-9290 / Toll Free 888-987-8886

ZONING/UNIFORM CONSTRUCTION PERMIT APPLICATION

LOCATION OF PROPOSED WORK OR IMPROVEMENT

(any address should include street, city, state & zip code)

County:	Municipality:										
Site Address:											
Tax Parcel #:		Lot Siz	ve:	Lot #							
Subdivision / Land Developme											
Owner/Applicant Name:			Phone #:								
Mailing Address: Fax #:	F-Mail:										
□ CALL ME WHEN PERMI	T IS READY										
Principal Contractor:			Phone #								
Mailing Address:											
Fax #:	F-Mail:										
PA Contractor Registration #: _	L Wan.										
□ CALL ME WHEN PERMI											
Architect:			Phone #								
Mailing Address:											
Fax #:	E-Mail:										
- ***											
TYPE OF WORK OR IMPROVE	EMENT										
New Building Addition		Repair	Demolition	Relocation Sign							
Foundation Only Change of Use			Mechanical								
ESTIMATED COST OF CONSTRUCT DESCRIPTION OF BUILDING USE (RESIDENTIAL OR ACCESSOR	Check One)		value) \$								
One-Family Dwelling (R-3)											
Two-Family Dwelling (R-3)		Use Group	o:								
			Use: Yes								
		If YES,	, Indicate Former:								
BUILDING/SITE CHARACTER		г.		D 1							
Number of Residential Dwelling U	Jnits:	Exi	sting	Proposed							
Water Service: (Check One)		Public (Copy of Authority approval) Private (County Permit Approval if required)									
Sewer Service: (Check One)	`	py of Authority		,							
,)							
STORMWATER	`			•							
		Sg. Ft.									
New Impervious Area created: Existing Impervious Area:	Sc	<u></u> 1. Ft.									
		=									
BUILDING DIMENSIONS											
Existing Building Area:	Sa.	Ft. N	Number of Stories:								
Proposed Building Area:	Sa.	Ft. H		Above Grade:F							
Total Building Area:	Sq.		Area of Largest Floor: Sq. Ft.								

FLOODPLAIN Is the site located within an identified flood hazard an Will any portion of the flood hazard area be developed.		Yes Yes	No No	N/A
Owner/Agent shall verify that any proposed constr requirements of the National Flood Insurance Progran 166-1978), specifically <i>Section 60.3</i>				
	Lowest F	loor Leve	el:	
HISTORIC DISTRICT				
Is the site located within a Historic District? If construction is proposed within a Historic District Municipality.	Yes ct, a certificate of ap	No opropriat	eness ma _ʻ	y be required by the
The applicant certifies that all information on this application with the "approved" construction documents, PA Act 45 of 1 amended (Municipalities Planning Code), and any additional Municipality. The property owner and applicant assumes the reasements, rights-of-way, flood areas, etc. Issuance of a perm construed as authority to violate, cancel or set aside any provision other governing body. The applicant certifies he/she understand is responsible for all review costs incurred for the proposed propos	999 (Uniform Con approved building esponsibility of localit and approval of ons of the codes or all the applicable	struction g code re ating all p construc ordinance	Code), A equirement or operty lation documents or the Market Property and the	Act 247 of 1968 as ints adopted by the lines, setback lines iments shall not be Municipality or any
Application for a permit shall be made by the <i>owner</i> or lessee <i>registered design professional</i> employed in connection with the		tructure,	or agent	of either, or by the
I certify the code administrator or the code administrator's enter areas covered by such permit at any reasonable hour such permit.				
Signature of Owner or Authorized Agent	Print Name of Ow	ner or A	uthorized	l Agent

Approved by: ______ Permit #'s ______

Directions to Site____

Date

Address

REFER TO CHECKLIST TO DETERMINE ADDITIONAL APPLICATION REQUIREMENTS

PLUMBING PERMIT APPLICATION

TOWNSHIP:									
Date of Application:	, 20	Permit Fee: \$							
Name of Applicant (Owner	r):								
Address		Phone							
		Zip Code							
Name of Contractor:									
		Phone							
		Zip Code							
Subdivision Name and Lot	No. (if applicable):								
Tax Map Parcel Number:									
Check Appropriate Box:	△ Mobile Home or Manuf	actured Dwelling							
11 1	△ Single-Family Dwelling								
	△ Two Family Dwelling								
	△ Apartment Building or C	Condominium							
	△ Addition or Alteration								
	△ Sewer Lateral								
	△ Water Lateral								
		ation: Specify:							
	△ Permit for work not liste	ed elsewhere							
Statement of materials to b	e Used:								
Estimated Cost of Plumbin	g Construction (Reasonable f	fair market value) \$							
I hereby certify that the ir knowledge.	nformation hereon and herew	rith is true and correct to the best of my							
Applicant's Signature:		Date:							
Permit No	Issu	ance Date:							
Approved by Inspector:		Date:							
, ,	Signature								

LTL CONSULTANTS, LTD. ELECTRICAL PERMIT APPLICATION

Date			
T		*	gned by LTL)
Township		Contractor	
Joh Cita Address		Pnone	
Job Site Address		Audress	
Electric Company Job #		-	
Job Site Owner Experi	ence (Journeyman,	etc	
Job Site Phone License	e Number		
General Information (circle all that	apply)		
Single Family Residence Multiple	Residencesquantity	Businesses	Industrial
New Remodel	.	Accessory	Structure
Pool	Temporary	Permaner	nt
Service Size (if applicable) Voltage	Am j	perage	Phase
Service wire size and type Gage_	Meta	(cu, al, cu	/al)
Grounding Electrode System			
Wiring Method: NM AC	MC RNC RMC		
Emergency Generator Voltage	Amp	Size erage	Type Size
HVAC: Type Toni	nage HP	_Voltage	_Amperage
Baseboard Quantity	Amperage	Total	
Fire/Emergency System Type	Quantity of	f detectors	
Is a set of electric plans included wi	ith this or with the I	building applicati	ion?(Y/N)
Applicant certifies that all information given complied with in performing the work for wh		nal Electric Code NFF	A 70 and IRC will be
Work must begin within one (1) year of perm Description of work:			
ESTIMATED COST OF ELECTRICAL O	CONSTRUCTION (Rea	sonable fair market v	alue) \$
Signature of Applicant		Date	

DRIVEWAY PERMIT APPLICATION

TOWNSHIP:	
Date of Application:, 20	Permit Fee: \$
Name of Applicant:	
Address:	Phone
	Zip Code
Owner (if other than applicant):	
Address	Phone
	Zip Code
Name of Contractor or Builder:	
	Phone
	Zip Code
Property Address of Site:	
Location of Driveway:	
Statement of materials and Construction to be Use	ed:
	rewith is true and correct to the best of my knowledge, and e work.
Applicant's Signature:	Date:
=======================================	
Permit No.:	Issuance Date:
Approved by Inspector:	Date:
Signatur	

Workers' Compensation Insurance Coverage Information

1.	Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law? Yes No
	If the answer is "yes", complete Sections B, C, D, and E below as appropriate. If the answer is "no", complete Section E .
В.	Insurance Information
	Name of Applicant
	Federal or State Employer Identification Number
	Applicant is a qualified self-insurer for workers' compensation. Check if Certificate is attached.
	Name of Workers' Compensation Insurer
	Workers' Compensation Insurance Policy Number Check if Certificate is attached.
	Policy Expiration Date
<u></u>	Is the applicant using any subcontractor(s) on this project? Yes No
	If the answer is "yes", the applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.
 D.	Exemption: Complete Section D if the applicant is a contractor claiming exemption from providing workers' compensation insurance.
	The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of the Pennsylvania Worker's 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.
Subs	cribed and sworn to before me this day of, 20
	My Commission expires:
	Signature of Notary Public (Seal)
==== Е.	Signature required for all applicants
	Signature of Applicant Address
	County Municipality of

	PL	ΟТ	PL	AN	/ S]	KE'	ГСІ	H P	LAI	N A	RE	A		N	AM	E: _					_	
LOCATION:																						

The Plot Plan must show size and location of all structures and wells on the property and the distance to property lines (hand drawn is acceptable)

Is your drawing to scale Y / N? If yes, what is the scale?