



**BUILDING PERMIT APPLICATION**

**5. BUILDING**

IMPROVEMENT TYPE	PROPOSED USE		
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Foundation Only <input type="checkbox"/> Change of Use Only	<b>Assembly</b>	<b>Institutional</b>	<b>Other</b>
	<input type="checkbox"/> Theatre	<input type="checkbox"/> Group Home	<input type="checkbox"/> Parking Garage
	<input type="checkbox"/> Night Club	<input type="checkbox"/> Hospital	<input type="checkbox"/> Carport
	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Jail	<input type="checkbox"/> Motor Fuel Service
	<input type="checkbox"/> Church	<b>Mercantile</b>	<input type="checkbox"/> Repair Garage
	<input type="checkbox"/> Other Assembly	<b>Residential</b>	<input type="checkbox"/> Public Utility
	<b>Business</b>	<input type="checkbox"/> Hotel, Motel	<input type="checkbox"/> HPM
	<b>Educational</b>	<input type="checkbox"/> Multi-Family	
	<input type="checkbox"/> Grades 1-12	<input type="checkbox"/> BOCA Two Family	
	<input type="checkbox"/> Day Care Facility	<input type="checkbox"/> CABO Two Family	
<b>Factory</b>	<input type="checkbox"/> BOCA Single Family		
<input type="checkbox"/> Moderate Hazard	<input type="checkbox"/> CABO Single Family		
<input type="checkbox"/> Low Hazard	<b>Storage</b>		
<b>High Hazard</b>	<input type="checkbox"/> Moderate Hazard		
	<input type="checkbox"/> Low Hazard		

Structural FRAME			Exterior WALLS		
<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other, Identify:	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other, Identify:
<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood		<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood	
Are any <b>structural assemblies</b> fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Street Frontage (feet)		Stories (number)	Lot Area (sq. feet)		
Front Setback (feet)		Bedrooms (number)	Building Area (sq. feet)		
Rear Setback (feet)		Full Baths (number)	Parking Area (sq. feet)		
Left Setback (feet)		Partial Baths (number)	Living Area (sq. feet)		
Right Setback (feet)		Garages (number)	Basement Area (sq. feet)		
Height Above-Grade (feet)		Windows (number)	Garage Area (sq. feet)		
New Residential Units (number)		Fireplaces (number)	Office/Sales (sq. feet)		
Existing Residential Units (number)		Enclosed Parking (number)	Service (sq. feet)		
Elevators/Escalator (number)		Outside Parking (number)	Manufacturing (sq. feet)		
<b>Estimated Start</b> / /		<b>Estimated Finish</b> / /	<b>Building Est. Value</b> \$		

**6. ELECTRICAL**

**Electrical Work**

Yes  No

ITEM	NUMBER OF FIXTURES	ITEM	NUMBER OF FIXTURES
Ceiling Outlets		Water Heater	
Switches		Lighting Circuit	
Plug Receptacles		OTHER CIRCUIT	
<b>TOTAL OUTLETS</b>		<b>TOTAL CIRCUITS</b>	
Air Heaters		Motors	
Ranges		Panel Size	
Signs		Range Cond.	
		Sub Feeder Size	
<b>Total Service</b> _____ Amps		<b>Number of Service Outlets:</b> _____ 110V _____ 220V	

ELECTRICAL UNDERWRITING AGENCY: \_\_\_\_\_

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**7. PLUMBING**

**Plumbing Work**     Yes     No

Enter the Number of Fixtures Being Installed, Replaced or Repaired					
Tubs/showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (Y/N) (# of hose outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N) (# of heads)	
Garbage Disposals				Lawn Sprinklers (Y/N) (# of heads)	
				<b>Total Fixtures</b>	
Public Water? <input type="checkbox"/> Yes <input type="checkbox"/> No		Public Sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Water Service Size _____ in.		Water Meter Size _____ in.		Avg. Daily Water Use _____ GPD	
East Rockhill Township <b>PLUMBING REGISTRATION #</b> _____					

**8. MECHANICAL**

**Mechanical Work**     Yes     No

Enter Number of New or Replacement Units					
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Type of Heating Oil (check one): <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other					

**TOWNSHIP USE**

Total Square Feet \_\_\_\_\_

Residential     Commercial    Alterations

\$ \_\_\_\_\_ up to \_\_\_\_\_ square feet

plus \_\_\_\_\_ per square feet thereafter

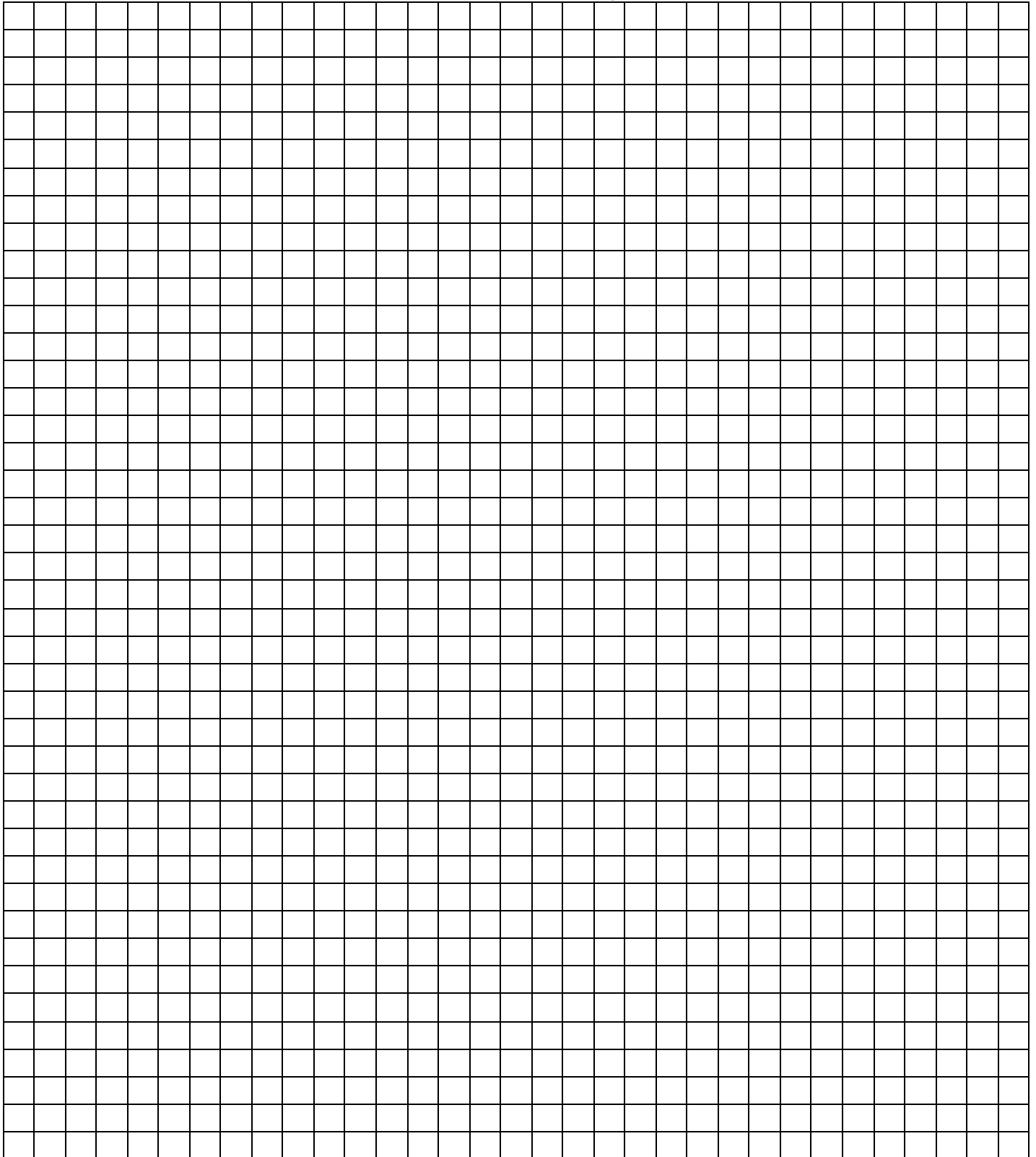
Proposed:

Fees	
Building	
State Fee (Act 45 UC Code)	6.00
Zoning	
Electric	
Plumbing	
Mechanical	
Use & Occupancy	
Sewer	
Plan Review	
Workmen's Comp	
Fireplace	
Total:	

**BUILDING PERMIT APPLICATION**

**SITE PLAN**

(Show lot lines, easements and work layout & dimensions)



SCALE = 1 Inch = \_\_\_\_\_ feet

**WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION**

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes

No

If the answer is "yes," complete section B and C below as appropriate.

B. Insurance Information

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation.

*Certificate Attached*

Name of Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy No. \_\_\_\_\_

*Certificate Attached*

Policy Expiration Date \_\_\_\_\_

C. Exemption

Complete Section C 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 workers' compensation insurance under the provisions of Pennsylvania's 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.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

(Seal)

Signature of Applicant _____
Address _____
_____
County of _____
Municipality of _____

**ZONING PERMIT APPLICATION**

TAX PARCEL Number: 12-\_\_\_\_\_

Date: \_\_\_\_\_

**PROPERTY ADDRESS:**

APPLICANT Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Fax No.: \_\_\_\_\_

e-mail: \_\_\_\_\_

If different than applicant:

OWNER Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Fax No.: \_\_\_\_\_

e-mail: \_\_\_\_\_

Relationship between Applicant & Owner \_\_\_\_\_

**Proposed Use/Construction being applied for:** \_\_\_\_\_ **Zoning District:** \_\_\_\_\_

New Single Family Dwelling: Sewer:  Public \* Private \*Bucks County Health Department Permit # \_\_\_\_\_  
Water:  Public  Private

SQUARE FOOTAGE for: Lot: \_\_\_\_\_ sq.ft. Main Bldg.: \_\_\_\_\_ sq.ft. Outbuildings: \_\_\_\_\_ sq.ft.

**SETBACKS:** Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_

ESTIMATED COST of Construction or Alteration: \$ \_\_\_\_\_

Applicant certifies the attached **PLANS have been SUBMITTED** in duplicate and drawn to scale **INDICATING THE FOLLOWING:**

- € Dimension and shape of lot to be built upon with the exact size and location of all buildings/structures on the lot, if any, and the **location and dimensions** of proposed building, structure or alteration **with front, sides and rear distances to property lines indicated.**
- € Existing and proposed uses, showing number of families, if any, that the building is designed to accommodate.
- € Provisions made for the treatment and disposal of sewage, industrial waste, and water supply and storm drainage.
- € Certificate from Bucks County Board of Health regarding proposed on-site sewage disposal and/or water.
- € Bucks County Conservation District for any earth disturbance of more than 1,000 square feet, 215-345-7577.
- € Appropriate zoning fee according to the current fee schedule.

One copy of the plans shall be returned to the applicant after the Zoning Officer has marked such copy either approved or denied and attested to it by affixing his/her signature. The second copy shall be similarly marked and shall be retained and filed by the Zoning Officer.

The applicant hereby certifies that the statements and data contained herein and attached hereto are true and complete.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED** Homeowners Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR TOWNSHIP USE**

Zoning Permit in accordance with the foregoing application is hereby granted, subject to the following restrictions:  NONE \_\_\_\_\_

APPROVED  DENIED Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

Fee \_\_\_\_\_