

EAST ROCKHILL TOWNSHIP

1622 North Ridge Road, Perkasie, Pennsylvania 18944
 Phone: 215-257-9156 • Email: Staff@EastRockhillTownship.org • Website: EastRockhillTownship.org



ZONING PERMIT APPLICATION

- * Application Fee to be Paid at Time of Submission
- * Each Application Must Be Accompanied by a Survey, Proposed Plans and Related Documents

SITE & CONTACT INFORMATION:

Property Location			
Tax Map Parcel ID	12-	Subdivision & Lot No.	
Property Owner	Name		
	Address		Town
	Phone	Email	
Applicant / Contractor	Name		
	Address		Town
	Phone	Email	
To not delay review of the application, the Township can email any correspondence regarding this application including rejection letters and requests for more information to the following email address: <input type="checkbox"/> Property Owner <input type="checkbox"/> Applicant			
Use of Property	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		
Sewage Disposal	<input type="checkbox"/> Public <input type="checkbox"/> Private BCDH Permit # _____		
Water Supply	<input type="checkbox"/> Public <input type="checkbox"/> Private BCDH Permit # _____ ERT Permit # _____		
Floodplain	Is any part of the Property in a floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Buffer	Is there a buffer on the Property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		
Easement	Is there an easement(s) on the Property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		

DESCRIPTION OF PROJECT, check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> New Dwelling
<input type="checkbox"/> Addition/Attached Garage
<input type="checkbox"/> Detached Garage or Shed
<input type="checkbox"/> Basement or Attic Renovation
<input type="checkbox"/> Use
<input type="checkbox"/> Deck / Patio | <input type="checkbox"/> Alteration to an Existing Structure
<input type="checkbox"/> Hot Tub / Swimming Pool over 24" of Water
<input type="checkbox"/> Wall over 32"
<input type="checkbox"/> Walkway / Driveway Extension
<input type="checkbox"/> Alternative Energy
<input type="checkbox"/> Other: _____ |
|--|---|

Proposed Construction	Use			
	Height		Cost	\$
	Dimensions	x	Number of Bedrooms Added	
	Total	sf	Number of Off-Street Parking Spaces Added	

BUILDING PERMIT APPLICATION

CONTRACTORS INFORMATION

	NAME	STREET ADDRESS	CITY, STATE	PHONE NO.	EMAIL
Architect / Engineer					
General Contractor					
Concrete					
Carpentry					
Electrical					
Plumbing					
Mechanical					
Roofing					
Masonry					
Drywall or Lathing					
Sprinkler					
Paving					

PROPOSED BUILDING INFORMATION

IMPROVEMENT TYPE		
<input type="checkbox"/> New Dwelling <input type="checkbox"/> Addition / Attached Garage <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Shed (over 200 sf) <input type="checkbox"/> Detached Garage/Pole Barn	<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Hot Tub <input type="checkbox"/> Relocation <input type="checkbox"/> Foundation Only <input type="checkbox"/> Deck / Patio <input type="checkbox"/> Alternative Energy	<input type="checkbox"/> Wireless Communication Facility <input type="checkbox"/> Other:

Structural FRAME		Exterior WALLS	
<input type="checkbox"/> Reinforced Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other, Identify: <input type="checkbox"/> Masonry <input type="checkbox"/> Wood	<input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other, Identify: <input type="checkbox"/> Masonry <input type="checkbox"/> Wood		
Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Square Feet of Floor Area, all floors– Existing:		sf	
Total Square Feet of Floor Area, all floors– Proposed:		sf	
Total Square Feet of Ground Coverage of Proposed Building:			
Total Measure of Exterior Dimensions:			
Stories (No.)	Bedrooms (No.)	Enclosed Off-Street Parking (No.)	
Height Above-Grade (feet)	Full Baths (No.)	Outdoor Off-Street Parking (No.)	
Proposed Residential Units (No.)	Partial Baths (No.)	Parking Area (sq. feet)	
Existing Residential Units (No.)	Living Area (sq. feet)	Elevators/Escalator (No.)	
Garage, detached (No.)	Basement Area (sq. feet)	Fireplaces (type & No.)	
Garage, attached (No.)	Windows (No.)		
Estimated Start Date	Estimated Finish Date	Building Est. Value	\$

ELECTRIC [Electrical Underwriting Agency Code Inspections 215-672-9400 or contact@codeinspections.net](http://codeinspections.net)

Type of Work (check one): <input type="checkbox"/> Installing New Equipment <input type="checkbox"/> Altering Existing System <input type="checkbox"/> Both	Wire Type: _____ Size: _____ Circuit Load: _____	# of Hardwired Motors: Electrical Devices: _____ # of HP or KW: _____	Electrical Service: _____ Amps Check one: <input type="checkbox"/> New <input type="checkbox"/> Upgrade
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Pool Bonding: Yes No

Switching Outlets	Bonding, Pool/Vault	Motors	Size & KW	Qty
Lighting Outlets	Service/Feeders	Generators		
Receptacle Outlets	HVAC Equipment	Compressors		
Range/Oven	Switching Devices	Solar Panels		
Dryer, Electric	Transformers	If altering existing system, explain:		
Water Heater, Electric	Alarm Devices			
Heat Detectors	Annunciator Panel			
Smoke Detectors	Other:			

PLUMBING

Type of Work (Check one): <input type="checkbox"/> Installing New Equipment <input type="checkbox"/> Altering Existing System <input type="checkbox"/> Both	Water Meter size _____ inches Water Service size _____ inches	Will there be Underslab Plumbing? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Tubs/Shower Stalls	Drinking Fountains	Back Flow Preventers	
Lavatories	Floor Drains	Water Pumps	
Toilets	Water Heaters	Sewers	
Urinals	Water Softeners	Gas Piping	
Sinks	Sewage Ejectors	Swimming Pools	
Laundry Tubs	Sump Pumps	Standpipes	
Dishwashers	Grease Traps	Fire Sprinklers	
Garbage Disposals	Bidets	Lawn Sprinklers	
Hose Bibs	Other:		

If altering existing system, explain: _____

Submit a vertical schematic of drain, waste and vent lines through floor levels including pipe sizes, traps, cleanouts, vent terminals, support anchors, etc. All plumbing systems shall be tested with water or air.

MECHANICAL

Type of Work (Check one): <input type="checkbox"/> Installing New Equipment <input type="checkbox"/> Altering Existing System <input type="checkbox"/> Both	Type of Fuel (Check one): <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electrical <input type="checkbox"/> Propane <input type="checkbox"/> Other _____
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Heater Name: _____	Number of Heaters: _____
Model Number: _____	BTUs: _____
A/C Name: _____	Number of A/C Units: _____
Model Number: _____	BTUs: _____

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	Other:	

If altering existing system, explain: _____

The application together with the signed site plan and construction documents is made a part of this application. The Property owner and applicant assumes the responsibility of locating all Property lines, setback lines, easements, rights-of-way, flood areas, etc. The applicant and Property owner agree they are responsible for the replacement to Township standards of any Township road or infrastructure which is damaged during the building of the permitted structure and understands that the information provided on this application by the applicant(s) and Property owner(s) is true and correct to the best of their knowledge or belief, and all information contained in this application becomes part of the public record. The applicant warrants the truthfulness of the information in the application, and that if any of the information provided is incorrect, the permit may be revoked. Furthermore, the application and permit can provide that if the permit is issued wrongfully, whether based on misinformation or an improper application of the code, the permit and certificate of occupancy may be revoked.

By signing this application, authorization is granted to any municipal representatives of East Rockhill Township to access the above Property as stated within this application at any time, without administrative warrant, to inspect and verify that any proposed use and/or structure contained within this application and/or that exists on the above Property complies with all East Rockhill Township Ordinances.

Print Name of Applicant: _____ Print Name of Owner: _____
 Applicant Signature: _____ Owner Signature: _____
 Date: _____ Date: _____

TO BE COMPLETED BY EAST ROCKHILL TOWNSHIP



Permit Submission Checklist:

Zoning District: AP R-1 C-O RP VR I-1
RR VC I-2 S C-E E
 Zoning Fee? Yes \$ _____ Payment Method _____
 Supporting Documents? Yes No
 Homeowner signature? Yes No
 Contractor Certificate of Insurance? Yes Expires _____ N/A

Zoning Review:

Building Review:

Total Square Feet: _____ sf UCC Use Group: _____ UCC Construction Type: _____

Residential Non-Residential
Approved Denied _____

Fee Breakdown						TOTAL
Building		Electric		Sewer		\$
UCC	\$6.00	Plumbing		Fireplace		
U&O		Mechanical				