



## Permit Application for Residential Basement Conversion

PLEASE NOTE FULL CONSTRUCTION DETAILS AND FLOOR PLAN SHOWING USE OF ALL ROOMS AND SPACES MUST BE SUBMITTED WITH THIS APPLICATION.  
FLOOR PLAN MUST SHOW LOCATION OF EMERGENCY EGRESS AND LOCATION OF ELECTRIC SERVICE PANEL AND / OR SUBPANEL.

Job Site Location: \_\_\_\_\_  
Preferred method of notification (email / phone #) when complete: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Town/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ PA # \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Total Square Feet of Newly Created Living Space \_\_\_\_\_  
Square Feet of Unfinished Basement (not including living space) \_\_\_\_\_

Facilities:  
# of Proposed Bedrooms \_\_\_\_\_  
# of Existing Bedrooms \_\_\_\_\_  
# of Proposed Bathrooms \_\_\_\_\_  
# of Existing Bathrooms \_\_\_\_\_

Type of Sewage Disposal: Community \_\_\_\_\_ Private \_\_\_\_\_  
Principal Type of Heating: Gas \_\_\_\_\_ Oil \_\_\_\_\_ Electric \_\_\_\_\_ Other (Describe) \_\_\_\_\_

Chimney: Steel \_\_\_\_\_ Masonry \_\_\_\_\_ PVC \_\_\_\_\_  
Source of Combustion Air: Outside \_\_\_\_\_ Inside \_\_\_\_\_  
Wall Insulation: Type \_\_\_\_\_ R-Value \_\_\_\_\_  
Ceiling Height: \_\_\_\_\_  
Exterior Wall Studs: Size \_\_\_\_\_ Spacing \_\_\_\_\_

Cost of Improvement:  
Building \_\_\_\_\_  
Electrical \_\_\_\_\_ Separate application required.  
Plumbing \_\_\_\_\_ Separate application required, if applicable.  
Heating/Air \_\_\_\_\_ Separate application required, if applicable.  
Other \_\_\_\_\_  
Total Cost \_\_\_\_\_



# ELECTRICAL APPLICATION

Property Owner \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ E-Mail: \_\_\_\_\_

Property Location \_\_\_\_\_

Subdivision / Development \_\_\_\_\_ PA # \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ E-Mail: \_\_\_\_\_

NEW       ALTERATION       ADDITION       REPAIR

Use of Property: Residential       Commercial       Industrial

### REQUIRED INSPECTIONS

<u>ITEM</u>	<u>NUMBER</u>
Ceiling Outlets	_____
Switches	_____
Plug Receptacles	_____
Total Outlets	_____
Air Heaters	_____
Ranges	_____
Signs	_____
Water Heater	_____
Lighting Circuits	_____
Other Circuits	_____
Total Circuits	_____
Motors	_____
Panel Size	_____
Range Cond.	_____
Sub Feeder Size	_____
Generator Kw	_____
Solar Panel Kw	_____

**SERVICE:** Ground Conductor and Electrode, Service Cable, Meter Box, Service Panel, all in place and secured with a minimum of one (1) electric outlet connected

**ROUGH:** Prior to insulation and framing inspection all boxes and wiring in place and prepared for devices to be installed

**FINAL:** This inspection is made after the building is completed and ready for occupancy

**SPECIAL NOTE:** All electric installations require an inspection by the Townships' designated electric inspector prior to being concealed or covered in any manner

To schedule an inspection please call: (610) 323-1008

\_\_\_\_\_

Cost of Improvement      Application Date      Signature of Applicant



# Plumbing Application

Property Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail \_\_\_\_\_

Property Location w/town & zip code: \_\_\_\_\_

Plumber Contractor: \_\_\_\_\_ PA# \_\_\_\_\_

Address w/ town & zip code: \_\_\_\_\_

Phone# \_\_\_\_\_ E-Mail \_\_\_\_\_

**Use of Property:** Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_  
(List No. of each)

Stacks \_\_\_\_\_

Sinks \_\_\_\_\_

Bathtubs/Shower Units \_\_\_\_\_

Water Closet (Toilet) \_\_\_\_\_

Lavatory (Bathroom sink) \_\_\_\_\_

Tanks & Heaters \_\_\_\_\_

Laundry Tray \_\_\_\_\_

Water Distribution Piping \_\_\_\_\_

Floor drains \_\_\_\_\_

Sewage Ejector \_\_\_\_\_

Fountain (Drinking) \_\_\_\_\_

Sump \_\_\_\_\_

Urinal \_\_\_\_\_

Dishwasher \_\_\_\_\_

Humidifier \_\_\_\_\_

Washing Machine \_\_\_\_\_

Special Wastes \_\_\_\_\_

**Note:** This permit is issued contingent upon all work being in compliance with the PA State Uniform Bldg. Code including all supplements and other applicable Township Regulations.

**Important:** Where the flood level rims of plumbing fixtures are below the elevation of the manhole cover of the next upstream manhole in the public sewer, fixtures shall be protected by a backwater valve.

All work requires an inspection prior to concealment. All underground and under slab piping requires a pressure test prior to backfill being placed.

**TOTAL PERMIT COST:** \_\_\_\_\_

**Residential Fees** - \$60.00 plus \$5.00 each item listed above, plus \$4.50 state fee.

**Commercial Fees** - \$100.00 application fee plus \$10.00 each item listed above.

**If PA HIC# not provided, please submit Contractor's Registration with \$50.00 fee.**

**Applicant certifies that all information given is correct and that all Township Ordinances will be complied with in performing the work for which this permit is issued.**

\_\_\_\_\_  
Cost of Improvement

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Applicant's Signature



# Mechanical Application

Parcel # \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ E-Mail: \_\_\_\_\_

Property Location \_\_\_\_\_

Subdivision/Development \_\_\_\_\_ PA # \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ E-Mail: \_\_\_\_\_

NEW \_\_\_\_\_ ALTERATION \_\_\_\_\_ ADDITION \_\_\_\_\_ REPAIR \_\_\_\_\_

Use of Property: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

<u>TYPE OF EQUIPMENT</u>	<u>NUMBER</u>
Air Cond. Units H.P. ea	_____
Refrigeration Units H.P. ea	_____
Boilers H.P. ea	_____
Forced Air Systems	_____
Gravity Systems	_____
Floor Furnaces	_____
Wall Heaters	_____
Unit Heaters	_____
Conversion Burner	_____
Clothes Dryers	_____
Ventilation Fan	_____
Range Hood	_____
Air Handling cfm	_____
Incinerator	_____
Gas Piping	_____
Range Com ___ Res ___	_____
Fire Suppression System	_____
NFIPA13 ___ NFIPA13R___	_____
NFIPA13D ___	_____

**Note:** This permit is issued contingent upon all work being in compliance with the PA State Uniform Bldg. Code including all supplements and other applicable Township regulations.

**Job Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost of Improvement                      Application Date                      Signature of Applicant