



UPPER MACUNGIE TOWNSHIP

Residential Addition Information

Building Permit Application Requirements:

1. One completed application form signed by the property owner or the owner's agent.
2. Site plan showing the entire property dimensions and any active easements. Show the position of the proposed addition and its dimensions. Show distances from the front, side and rear property lines. Show existing buildings or structures on the property. If the home was built after 1995, there should be a Foundation (As- Built) Location Plan on file with the building permit and this document should be used for the site plan.

Specifications and Scope of Work:

1. Floor Plans are required.
2. Provide engineered drawings for the trusses including the snow load.
3. Provide information for wall sheathing, siding, insulation, studs, fire blocking, interior finish, flooring, and sub-flooring. Also show any electrical, plumbing, mechanical or other work being completed under this permit. Show the location, depth, width, and rebar information for the footings.
4. Provide an Energy Compliance Statement.
5. Provide Smoke Detector information.

Insurance and Licensing

All contractors doing work in Upper Macungie Township must have proof of insurance and Upper Macungie Township should be listed as a certificate holder. If the policy does not include Worker's Compensation coverage, we need a notarized exemption from insurance form.

Plumbers and Electricians are required to obtain a license from the township to do work.

Questions on Insurance & Licensing contact the Permit Clerk Roxann Colfer at rcolfer@uppermac.org or 610-395-4892 x125 or the Permit Coordinator Sharon Stamm at sharons@uppermac.org or 610-395-4892 x135.

Contact Person: Rod White at rodwhite@uppermac.org or 610-395-4892 x146.



UPPER MACUNGIE TOWNSHIP
8330 Schantz Rd
Breinigsville, PA 18032

(610) 395 - 4892

FAX (610) 395 - 9355

AS-BUILT (SITE PLAN) REQUEST

Date of Request: _____

Name of Requester: _____

Property Address: _____

Phone Number: _____

E-mail Address: _____

For Official Use ONLY

Date Received: _____

Permit # _____

Date Applicant Notified for Pick-Up: _____



APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Provide certificates of insurance for ALL CONTRACTORS listed and PA Contractors License Numbers when applicable. Include PPL Job Number, provide descriptions of work on application and include telephone numbers. Follow **APPLICANT INSTRUCTIONS**.

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete Part 6. If plumbing work, complete Part 7. If mechanical work, complete Part 8. For other permits (Grading Permits), complete Part 9. Attach Site Plans and Project Narratives.

Application Date: / /	Permit Type: <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other (See item 9)	Is Owner the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
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1. PROPERTY INFORMATION

Street Address	Apt. #	Zip Code	PIN Number	Zoning District
Subdivision	Phase	Lot Number	Parcel Type <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other	

2. OWNER INFORMATION

SAME AS ABOVE

First Name	Last name or Business Name	Phone
Street Address	City	State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	STREET ADDRESS	CITY	STATE	PHONE NUMBER
Applicant (not owner)					
Architect/Engineer					
General Contractor					
Excavation					
Concrete					
Carpentry					
Electrical					
Plumbing					
Sewer					
Mechanical					
Drywall					
Sprinkler					
Paving					
Fire Alarm					
Other					

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the responsible jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

ADDRESS

PHONE/E-MAIL

RESPONSIBLE PERSON IN CHARGE OF WORK

TITLE

PHONE/E-MAIL

5. BUILDING PERMIT APPLICATION

Application For: <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation Only <input type="checkbox"/> Accessory Building <input type="checkbox"/> Temporary Building <input type="checkbox"/> Parking Lot <input type="checkbox"/> Grading Only <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical	Proposed Use: <input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Townhome <input type="checkbox"/> Multi-Family <input type="checkbox"/> Place of Assembly <input type="checkbox"/> Business (Office) <input type="checkbox"/> Educational <input type="checkbox"/> Factory or Industrial <input type="checkbox"/> Warehouse/Distribution <input type="checkbox"/> Institutional <input type="checkbox"/> High Hazard <input type="checkbox"/> Mercantile (Store)	Construction Type: Structural Frame: <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other Exterior Walls: <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Structure Information: Int. Floorspace _____ sq. ft. No. of Units _____ # of Bedrooms _____ # of Stories _____ Building Height _____ ft Gross Area * _____ sq. ft. * Include basement, garage, porch and decks (1st and 2nd floor) Lot Sq. Ft. _____ sq. ft. Bldg Sq. Ft. _____ sq. ft. % Bldg Coverage _____ sq. ft. Est. Start Date _____ Est. Finish Date _____ Construction Cost \$ _____ PA ONE CALL # _____ Date _____
Detailed Description of Proposed Work: _____ _____ _____			

6. ELECTRICAL PERMIT APPLICATION

Electrical Work <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Service: _____ amps.					
# of Circuits: _____ 2 wire _____ 3 wire _____ 4 wire		Number of Service Outlets: _____ 120 V					
PPL # _____		_____ 240 V					
	Power Devices	No.	Output/Load		Power Devices	No.	Output/Load
1			7				
2			8				
3			9				
4			10				
5							
6			Total Number of Motors				
Utility Service Revisions: _____ _____							
Est. Start _____		Est. Finish _____		Electrical Work			
				Est. Value		\$ _____	

7. PLUMBING PERMIT APPLICATION

Plumbing Work <input type="checkbox"/> Yes <input type="checkbox"/> No							
Enter the Number of Fixture Being Installed, Replaced or Repaired							
Tubs/showers		Laundry Tubs		Sump Pumps		Inside Downspouts	
Shower Stalls		Dishwashers		Grease Traps		Swimming Pools	
Lavatories		Garbage Disposals		Bidets		Standpipes	No. of Outlets
Toilets		Drinking Fountains		Back Flow Preventers		Fire Sprinklers	No. of Heads
Urinals		Floor Drains		Water Pumps		Lawn Sprinklers	No. of Heads
Sinks		Water Softeners		Roof Openings			
Water Heaters		Sewage Ejectors		Parking Lot Drains			
						Total Fixtures:	
Public Water (Y/N) _____		Public Sewer (Y/N): _____		Water Service Size (in.): _____		Water Meter Size (GPD): _____	
Utility Service Revisions: _____ _____							
Est. Start _____		Est. Finish _____		Plumbing Work			
				Est. Value		\$ _____	

8. MECHANICAL PERMIT APPLICATION

Mechanical Work <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Service: _____ amps.	
Enter the Number of New or Replacement Units			
Forced Air Furnace		Incinerator	
Unit Heater		Boiler/Water Heater	
Gas/Oil Conversion		Coil Unit	
Space Heater		Window A/C Unit	
Gravity Furnace		Split System A/C	
Solid Fuel Appliance		A/C Compressor	
Type of Heating Fuel (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 _____			
Utility Service Revisions: _____			
Est. Start	Est. Finish	Mechanical Work	
_____	_____	Est. Value	\$ _____

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type: _____		
Description of Work: _____ _____ _____ _____ _____ _____		
Est. Start	Est. Finish	Est. Value
_____	_____	\$ _____

10. FEES AND APPROVALS

Approval:	REVIEWER	N/A	DENIAL	DATE	Fees:
<input type="checkbox"/> PLANNING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Building Permit \$ _____
<input type="checkbox"/> ZONING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Electrical Permit \$ _____
<input type="checkbox"/> BUILDING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Plumbing Permit \$ _____
<input type="checkbox"/> ELECTRIC	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Mechanical Permit \$ _____
<input type="checkbox"/> PLUMBING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Plan Review \$ _____
<input type="checkbox"/> MECHANICAL	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Administration (25%) \$ _____
<input type="checkbox"/> FIRE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Re-Review Fee \$ _____
					<input type="checkbox"/> Re-Review Admin Fee \$ _____
<input type="checkbox"/> Sewer Allocation Fee:	\$ _____	-			<input type="checkbox"/> PA Act 157 Fee \$ _____ 4.50
<input type="checkbox"/> Sewer Tapping Fee:	\$ _____	-			<input type="checkbox"/> Other \$ _____
<input type="checkbox"/> Other:	\$ _____	-			Total \$ _____
	\$ _____	-			

Approval Conditions: U.C.CONSTRUCTION TYPE: _____ USE CLASSIFICATION: _____ OCCUPANT LOAD: _____ _____ _____ _____

PERMIT ISSUED BY: _____ TITLE: _____ DATE: _____ <p style="text-align: center; font-size: small;">If not picked up by the Applicant, Building Permit expires one-hundred and eighty (180) days after approval.</p>



UPPER MACUNGIE TOWNSHIP

8330 Schantz Road
Breinigsville, PA 18031

p 610.395.4892
f 610.395.9355

UpperMac.org

**** Important Notice to Property Owners ****

The following items contain important information which you can use to protect your property and wallet!

1. Permits and inspections are required for all work completed under the Pennsylvania Uniform Construction Code (UCC) & Township Ordinance. This includes all structural, electrical, plumbing, HVAC and other work. Inspections by our UCC certified inspectors are needed to ensure work being conducted on your property is safe and up to the minimum state & local standards.
2. All work completed on a property is the ultimate legal responsibility of the property owner. Projects completed without permits & inspections, or without permits properly being closed out, can lead to enforcement & violation actions being taken against the property owner.
3. The Township recommends that you withhold final payment for the work completed on your property until you verify that a Certificate of Completion has been issued.
4. Township staff is here to help! Please contact us directly with any questions or concerns about the permit process.

By signing below, you acknowledge reading this document and that you are giving permission for your contractor to submit permit applications on your behalf (if applicable):

Signature

Date

Address: _____

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

INSURANCE COVERAGE REQUIRED:

All Contractors performing work in Upper Macungie Township must have proof of insurance to include general liability and workers' compensation coverage.

If your policy does not include workers' compensation coverage, we will need the township's waiver form completed and notarized, the form can be notarized at Upper Macungie Township. You will need a valid form of Identification (such as driver's license). This form can be found in the licensing link on the website. This form should be included with your general liability certificate.

Upper Macungie Township must be listed as certificate holder.

Please forward a copy of your certificate to:

Upper Macungie Township
8330 Schantz Road
Breinigsville, PA 18031
Fax to 610-395-9355
Email: rcolfer@uppermac.org or sharons@uppermac.org

If you have any questions, please contact the township at 610-395-4892

Thank you,

Upper Macungie Township

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

WORKERS' COMPENSATION INSURANCE COVERAGE CONTRACTORS IN ACCORDANCE WITH PA WORKERS' COMPENSATION REFORM ACT 44

Exemption:

Complete if the Applicant is a contractor claiming exemption from providing Worker 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 Upper Macungie Township.
- **Religious Exemption** under the Workers' Compensation Law.

Print Company Name

Subscribed and sworn before me this
__ day of _____ 20 _____

Print Applicant Name

Signature of Notary Public

My Commission Expires: _____

Address

(Seal)

City/State/Zip Code

County/Municipality

Signature of Applicant

UPPER MACUNGIE TOWNSHIP
8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

To: All Electricians/ Plumbers

Re: Township Licensing

Upper Macungie Township requires all Electricians and Plumbers to have a license to engage in work in the Township. The fee due is **\$60 (Sixty Dollars)** and the license expires on **December 31st of the license year.**

Please complete the application and return to the above address with legible copies of the following:

1. Photo Identification (such as a driver's license)
 2. Current Electrical or Plumbing license from another jurisdiction
 3. Cash, check or money order for \$60 payable to Upper Macungie Township
 4. Certificate of Insurance showing General Liability and Workers' Compensation coverage listing Upper Macungie Township as Certificate Holder or Certificate of Insurance and a notarized, original Workers' Compensation coverage exemption form / waiver for the license file only
- *For Annual License Renewals - Please complete the Application and remit with payment and Certificate of Insurance*
 - **Certificates of Insurance and exemption forms / waivers must be included with each application for permits**

Thank you,

Permit Department

