



# UPPER MACUNGIE TOWNSHIP

## DEMOLITION PERMIT GUIDELINES

The following information must be submitted or addressed prior to issuance of a demolition permit:

- Permit application (Fees will be determined at time of issuance).
- Three (3) copies of a site plan, drawn to scale, with a schedule for demolition, clearly describing the structure(s) to be demolished. (Location and size required).
- Identify the type and location of site utilities such as gas, electric, water, sewer, cable, telephone, etc. on the site plan. Verification from all applicable utilities is required to confirm disconnects/shut offs, etc.
- Identify, if any, underground storage tanks (combustible and flammable liquids) that are present on the property on the site plan.
- Notify PA One Call at 800-242-1776 (811) at least three (3) days prior to start of demolition or excavation.
- Asbestos shall be removed in accordance with PA Department of Environmental Protection Asbestos Removal Requirements. Guidance and DEP Form are attached – provide a copy of the DEP Form upon submittal to DEP.
- On-lot wells to be abandoned shall have the pump removed; the shaft filled with clean stone and permanently capped 12 inches below finished grade.
- Public water service piping must be capped at an approval location and inspected by a Lehigh County Authority representative prior to its concealment/backfilling.
- Indicate type of sewer system: on-lot septic system, or public sewer.
- When on-lot septic systems are present: (1) all tanks must be pumped, (2) all associated piping must be removed and properly disposed of, and (3) all tanks must be removed and properly disposed of or abandoned in place with holes punched in the tank bottom and filled with clean fill. Separate septic permit required.
- When public sewer is present and the lateral is being abandoned, the lateral must be capped at the public sewer main and must be inspected prior to backfilling.
- All buildings shall be completely razed. All construction materials from the demolition shall be completely removed or used as approved clean fill. (All appliances, equipment, piping, tanks, fixtures, furniture, etc. shall be removed and properly disposed of.)
- Indicate whether demolition waste materials will be disposed of onsite or offsite. Only clean fill - uncontaminated soil, rock, stone, gravel, concrete, brick, and/or concrete

block debris may remain onsite. All demolition materials removed from the site must be disposed of at an approved facility/site. Weight slips required.

- No methods of demolition will be permitted which will not ensure all phases of such demolition being strictly confined within the limits of the demolition areas, and without hazard to adjacent properties, or to the public.
- Under no circumstances shall any structure or debris be set afire.
- Masonry basement floors may be cracked and left as part of the backfill if they are more than 18 inches below ground level and qualify as clean fill.
- All rubbish and debris on the demolition area or resulting from the demolition activities or deposited on the site by others until final inspection and approval shall be removed and legally disposed of by the contractor. The project site and public right-of-way shall be kept reasonably clean at all times.
- All excavations outside the street right-of-way must be filled with suitable clean fill installed to meet structural fill requirements, if the area will be a bearing surface for below or above ground structures or buildings.
- Backfilling of all sub surface areas shall conform to the following provisions:
  - a. Backfilling shall be done with approved engineered fill or excavation to grade.
  - b. Before starting backfilling operations, the contractor shall have inspected the empty basement with the Inspector;
  - c. No combustible material of any kind will be used or permitted in the backfilling. Fill should be hauled in and not excavated from the surrounding terrain;
  - d. Prior to placing the first layer, existing cellar floors and other surfaced areas shall be broken to insure adequate drainage.
  - e. The final 18 inches to the existing ground level shall be filled with clean dirt that is free of rubble and vegetable matter.
  - f. The site shall be left in a clean and aesthetic condition with back filled shaped to the level of the surrounding terrain.
  - g. Final grading shall include two (2) inches of topsoil on top of the lot and seeding with approved seed.
- Facilities Required – Sanitary facilities shall be provided during demolition activities.
- Walkways – A walkway shall be provided for pedestrian travel in front of every demolition site if required.
- Provisions shall be made to control water runoff and erosion during demolition activities.
- Required access – Approved vehicle access for fire fighting shall be provided to all demolition sites within 100' of permanent FDC.
- All other requirements of the International Building Code & International Fire Code pertaining to demolition shall be followed.

**ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM**

<b>For Official Use Only</b>	<b>Date Received 1</b>	<b>Date Received 2</b>
Postmark Date: _____	<div style="border:1px solid black; width:100%; height:100%;"></div>	<div style="border:1px solid black; width:100%; height:100%;"></div>
Project ID#: _____		
Permit #: _____		
Other #: _____		
Inspector: _____		
NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).		

**REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.**

1.	<b>TYPE OF NOTIFICATION (check one):</b> <input type="checkbox"/> Revision ( <b>highlight here, and changes</b> ) <input type="checkbox"/> Postponement Date of Initial Notification or, if previously revised, date of last revision: _____	<input type="checkbox"/> Initial <input type="checkbox"/> Phase of Annual Notification <input type="checkbox"/> Annual Notification <input type="checkbox"/> Cancellation
2.	<b>PROJECT LOCATION (check one):</b> <input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA ( <b>specify county</b> ): _____ <input type="checkbox"/> Municipality ( <b>specify</b> ): _____	
3.	<b>FOR ALLEGHENY COUNTY AND CITY OF PHILADELPHIA PROJECTS ONLY:</b> A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.) B. For City of Philadelphia projects requiring a permit: Asbestos project inspector: _____ Certification #: _____ Company name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If <b>Yes</b> is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).	
5.	<b>TYPE OF OPERATION (check all that apply):</b> <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Abatement prior to Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation	
6.	<b>FACILITY DESCRIPTION:</b> Job No.: _____ ( <b>see instructions</b> ) Facility Name: _____ Street/Rural Address: _____ City: _____ State: <u>PA</u> Zip Code: _____ Present use: _____ Prior use: _____ Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Facility size in square feet: _____ # of floors: _____ Age in years: _____	
7.	<b>ABATEMENT CONTRACTOR:</b> Company name: _____ Email address: _____ Allegheny County or City of Philadelphia License # (if applicable): _____ Street/Rural/POB Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone No. (between 8:00 & 4:30): _____	

8. DEMOLITION CONTRACTOR:  
 Company name: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Street/Rural/POB Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone No. (between 8:00 & 4:30): \_\_\_\_\_

9. FACILITY OWNER:  
 Owner name: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Street/Rural/POB Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone No. (between 8:00 & 4:30): \_\_\_\_\_

10. FACILITY INSPECTION (required for renovation and demolition projects):  
 Building inspector: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Date of inspection: \_\_\_\_\_ Is any material assumed to be asbestos?  Yes  No  
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:  
 \_\_\_\_\_

Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. **(Philadelphia only)**

11. IS ANY TYPE OF ASBESTOS PRESENT?  Yes  No If Yes, please list in #12.

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.  
**PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.**

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****

<b>Code *</b> <u>Type of ACM</u> FRI - Friable ACM NF1 - Cat I nonfriable ACM NF2 - Cat II nonfriable ACM (Note: Allegheny County treats all ACM as friable)	<b>Code **</b> <u>Units</u> LF - Linear ft. SF - Square ft. CF - Cubic ft.	<b>Code ***</b> <u>Type of abatement</u> REM - Removal CAP - Encapsulation CLO - Enclosure NON - None	<b>Code ****</b> <u>Final Clearance</u> PCM - Phase contrast microscopy TEM - Transmission electron microscopy
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13. Is this project regulated by NESHAP?  Yes  No  
 Is this project subject to Act 194?  Yes  No

14. OPERATION SCHEDULE(S) (as applicable):

A. Asbestos abatement: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_  am  pm to \_\_\_\_\_  am  pm  
 Days of week (check):  Mo  Tu  We  Th  Fr  Sa  Su

B. Demolition: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_  am  pm to \_\_\_\_\_  am  pm  
 Days of week (check):  Mo  Tu  We  Th  Fr  Sa  Su

C. Renovation: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_  am  pm to \_\_\_\_\_  am  pm  
 Days of week (check):  Mo  Tu  We  Th  Fr  Sa  Su

COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. WASTE TRANSPORTER(S):

A. Transporter #1 name: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. Transporter #2 name: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

18. WASTE DISPOSAL SITE(S) (any asbestos containing material):

A. Landfill name: \_\_\_\_\_ DEP permit #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. Landfill name: \_\_\_\_\_ DEP permit #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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19. AIR MONITORING FIRM(S):

A. Company name/individual: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. Final clearance firm: (if different than 19A) \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Final clearance firm was hired by (check one):  Contractor  Owner  
 Other: Explain: \_\_\_\_\_

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20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only):

A. PCM company name/individual: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. TEM company name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): \_\_\_\_\_ Hour of emergency: \_\_\_\_\_  am  pm

Description of the sudden, unexpected event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the ten (10) working day notification requirement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. FOR ORDERED DEMOLITIONS (attach copy of order):  
 Government agency that ordered: \_\_\_\_\_  
 Name of individual who ordered: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date of order (mm/dd/yy): \_\_\_\_\_ Date ordered to begin (mm/dd/yy): \_\_\_\_\_

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:  
 Project designer: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Contractor (Individual): \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Contractor (Firm): \_\_\_\_\_ Certification #: \_\_\_\_\_

25. Fees (Applicable to projects subject to both NESHAP and Act 194 (Asbestos Occupations Accreditation and Certification Act))  
 If you are submitting an Initial notification for an asbestos abatement or regulated demolition or renovation project that is subject to 40 CFR Part 61, Subpart M (relating to National Emission Standards for Hazardous Air Pollutants), or the Asbestos Occupations Accreditation and Certification Act (Act 1990 -194) (63 P.S. §§ 2101—2112), you must include a payment for **\$300** payable to **"The Commonwealth of Pennsylvania Clean Air Fund"** and submitted to the respective regional office.  
**Initial notifications will not be considered complete unless accompanied by the fee.**  
 Please provide check # \_\_\_\_\_

**\* \* \* \* \* SIGN BOTH STATEMENTS \* \* \* \* \***

26. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL AGENCY RULES AND REGULATIONS.  
 \_\_\_\_\_ (Original Signature of Owner/Operator) \_\_\_\_\_ (Date)  
 Printed Name of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_

27. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN TITLE 18 PA. C.S.A. SECTION 4904 AND 35 P.S. SECTION 4009(b)(2).  
 \_\_\_\_\_ (Original Signature of Owner/Operator) \_\_\_\_\_ (Date)  
 Printed Name of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_



# 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

<b>Application For:</b> <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	<b>Proposed Use:</b> <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)	<b>Construction Type:</b> <b>Structural Frame:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other <b>Exterior Walls:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	<b>Structure Information:</b> 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 _____
<b>Detailed Description of Proposed Work:</b> _____ _____ _____			

### 6. ELECTRICAL PERMIT APPLICATION

<b>Electrical Work</b> <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					
	<b>Power Devices</b>	<b>No.</b>	<b>Output/Load</b>		<b>Power Devices</b>	<b>No.</b>	<b>Output/Load</b>
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

<b>Plumbing Work</b> <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

<b>Mechanical Work</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Service: _____ amps.	
<b>Enter the Number of New or Replacement Units</b>			
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)

<b>Permit Type:</b> _____		
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"/> Sewer Allocation Fee:	\$ _____	-			<input type="checkbox"/> Re-Review Admin Fee	\$ _____
<input type="checkbox"/> Sewer Tapping Fee:	\$ _____	-			<input type="checkbox"/> PA Act 157 Fee	\$ _____ 4.50
<input type="checkbox"/> Other:	\$ _____	-			<input type="checkbox"/> Other	\$ _____
	\$ _____	-			<b>Total</b>	\$ _____

<b>Approval Conditions:</b>	U.C.CONSTRUCTION TYPE: _____	USE CLASSIFICATION: _____	OCCUPANT LOAD: _____
_____ _____ _____			

<b>PERMIT ISSUED BY:</b> _____	<b>TITLE:</b> _____	<b>DATE:</b> _____
If not picked up by the Applicant, Building Permit expires one-hundred and eighty (180) days after approval.		



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: \_\_\_\_\_



## UPPER MACUNGIE TOWNSHIP

8330 Schantz Road  
Breinigsville, PA 18031

p 610.395.4892  
f 610.395.9355

[UpperMac.org](http://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](mailto:rcolfer@uppermac.org) or [sharons@uppermac.org](mailto: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