



## UPPER MACUNGIE TOWNSHIP

8330 Schantz Road  
Breinigsville, PA 18031

p 610.395.4892  
f 610.395.9355

[UpperMac.org](http://UpperMac.org)

# BLASTING PERMIT APPLICATION & INSTRUCTIONS

Two (2) copies of construction documents shall be submitted with the Blasting Permit application showing compliance with the International Fire Code (IFC) 2018, International Building Code (IBC) 2018 and NFPA standards.

#### Documentation:

1. Two (2) copies of a site plan drawn to scale indicating the following:
  - a. Blasting Areas
  - b. Any structures and their distances from the blasting site
  - c. Nearby roads or railways
  - d. Location and distances from any utilities
2. Description of storage arrangements of explosives, amount of storage and method of detonation.
3. Description of the blaster, name, experience, business address, phone number and email address for the blaster.
4. Certificate of insurance, listing Upper Macungie Township as a Certificate Holder, with a minimum value of \$1 million dollars per occurrence.

**General:** Blasting operations shall be conducted only by approved, competent operators familiar with the required safety precautions and the hazards involved and in accordance with the provisions of NFPA 495.

**Manufacturer's Instructions:** Blasting operations shall be performed in accordance with the instructions of the manufacturer of the explosive materials being used.

**Blasting in Congested Areas:** When blasting is done in a congested area or in close proximity to a structure, railway or highway, or any other installation, precautions shall be taken to minimize earth vibrations and air blast effects. Blasting mats or other protective means shall be used to prevent fragments from being thrown.

**Restricted Hours:** Surface-blasting operations shall only be conducted during daylight hours. Other blasting shall be performed during daylight hours unless otherwise approved by the Director of the Bureau of Fire or designee.

**Utility Notification:** Whenever blasting is being conducted in the vicinity of utility lines or right-of-ways, the blaster shall notify the appropriate representatives of the utilities at least 24 hours in advance of blasting; specifying the location and intended time of such blasting. Verbal notices shall be confirmed with written notices.

**Exception:** In an emergency situation, the time limit shall not apply when approved.

**Electric Detonator Precautions:** Precautions shall be taken to prevent accidental discharge of electric detonators from currents induced by radar and radio transmitters, lightning, adjacent power lines, dust and snow storms, or other sources of extraneous electricity.

**Nonelectric Detonator Precautions:** Precautions shall be taken to prevent accidental initiation of nonelectric detonators from stray currents induced by lightning or static electricity.

**Blasting Area Security:** During the time that holes are being loaded or are loaded with explosive materials, blasting agents or detonators, only authorized persons engaged in drilling and loading operations or otherwise authorized to enter the site shall be allowed at the blast site. The blast site shall be guarded or barricaded and posted. Blast site security shall be maintained until after the post-blast inspection has been completed.

**Drill Holes:** Holes drilled for the loading of explosive charges shall be made and loaded in accordance with NFPA 495.

**Removal of Excess Explosive Materials:** After loading for a blast is completed and before firing, excess explosive materials shall be removed from the area and returned to the proper storage facilities.

**Initiation Means:** The initiation of blasts shall be by means conforming to the provisions of NFPA 495.

**Connections:** The blaster shall supervise the connecting of the blastholes and the connection for the loadline to the power source or initiation point. Connections shall be made progressively from the blasthole back to the initiation point.

**Firing Control:** No blast shall be fired until the blaster has made certain that all surplus explosive materials are in a safe place in accordance with Section 3307.10 of the IBC, all persons and equipment are at a safe distance or under sufficient cover, and that an adequate warning signal has been given.

**Post-Blast Procedures:** After the blast, the following procedures shall be observed:

1. No personal shall return to the blast area until allowed to do so by the blaster in charge.
2. The blaster shall allow sufficient time for smoke and fumes to dissipate and for dust to settle before returning to or approaching the blast area.
3. The blaster shall inspect the entire blast site for misfires before allowing other personnel to return to the blast area.

**Misfires:** Where a misfire is suspected, all initiating circuits shall be traced and search made for unexploded charges. Where a misfire is found, the blaster shall provide proper safeguards for excluding all personnel from the blast area. Misfires shall be reported to the blasting supervisor immediately. Misfires shall be handled under the direction of the person in charge of the blasting operation in accordance with NFPA 495.



# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

## UPPER MACUNGIE TOWNSHIP

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/Email
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

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER (IF NOT APPLICANT)

### 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.	
Enter the Number of New or Replacement Units			
Forced Air Furnace		Incinerator	Air Handling Unit
Unit Heater		Boiler/Water Heater	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 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"/> 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:	\$ _____	-			<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 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

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## 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