



## UPPER MACUNGIE TOWNSHIP

8330 Schantz Road  
Breinigsville, PA 18031

p 610.395.4892  
f 610.395.9355

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

### Deck Permit Submittal Guide

Deck installations shall conform to the 2018 International Residential Code including Section R507. A companion document, the Design for Code Acceptance 6, DCA6, provides additional details to help meet deck code approval and is available online at [www.awc-dca62015-deckguide-1804.pdf](http://www.awc-dca62015-deckguide-1804.pdf).

Deck permit submittals shall include the following design information:

#### Plot Plan

1 – Provide a plot plan showing the deck structure size and location on the site with dimensions to the property lines

#### Deck Design Plan

2 – Provide a top-down structural drawing of all deck components, joists, beams, angle bracing, sizes, spans, lateral load locations with footing locations, sizes, and depths. 2a – Provide side view plans as necessary to fully explain your design.

2b – The size of the proposed deck structure with the deck length, width, and height above grade.

2c – Provide locations and measurements for deck, stair or landing locations requiring tempered glazing with all details. See 2018 IRC Section R308.

2d – Provide the location of each emergency escape and rescue opening or basement egress opening with measurements to confirm the new deck structure will not reduce the required access, height to the yard or path to safety. See R310.

#### Ledger

3 – Provide the size of the ledger member

3a – Ledger fastener type

3b – Ledger fastener pattern

3c – Flashing type, [compatible with the wood preservative]

3d – Lateral load connector manufacturer and model number

3e – Lateral load connector type and location: 2 threaded rod type @1500lbs each or 4 structural angle style at 750 lbs. each for each ledger

#### Joist

4 -Joist size and span with the length of a cantilever if applicable.

4a – Joist cantilevers shall not exceed the lesser of: ¼ of the joist span or the maximum length listed in Table R507.6.

- 4b – Hanger size at ledger
- 4c – Method of connection of the joists to the beam.

### **Beam**

- 5 – Beam size, span and cantilever if applicable.
- 5a – Beams shall be allowed to cantilever at each end up to  $\frac{1}{4}$  of the allowable beam span.
- 5b – Method of connection of the beam to the support posts.

### **Vertical Support Posts**

- 6 – Support post size and height. See Table R507.4.
- 6a - Support post base hardware,
- 6B – Support post top to beam connections. See 5b above.

### **Deck Footings**

- 7 – Footing sizes shall meet Table R507.3.1.
- 7a – Frost depth is a minimum of 36” in this jurisdiction.

### **Stair & Landing Footings [ Required for frost protected structures]**

- 8 – Stair & landing footings shall meet Table R507.3.1

### **Stair Design & Graspable Stair Railing, See Section R311**

- 9 – Stair details. Maximum Riser  $8\frac{1}{4}$ ”, Minimum Tread 9”
- 9a – A graspable handrail is required
- 9b - Stair illumination is required. See Section R303.8.

### **Guards. See Section R312**

- 10 - Guards shall not allow the passage of a 4” sphere
- 10a – Guards at the sides of the stairs shall not allow passage of a  $4\frac{3}{8}$ ” sphere, 10b – The triangular area where the tread, riser and underside of stair guard meet shall not allow passage of a 6” sphere
- 10c – Guards shall be at least 36 inches high from the standing surface.

### **Fasteners & Connections See R317.3 & R507.**

- 11 – Carriage bolts are no longer accepted for ledger, deck post or post to beam connections.
- 11a – Post to beam connections shall meet Figure 507.5.1 or Figure R507.5.2.
- 11b – Screws are not accepted for structural connections without permit review and approval with all documentation.



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## Deck Project Data

Date \_\_\_\_\_

Code \_\_2018 IRC/DCA6\_\_

Address: \_\_\_\_\_

Deck Size: Length \_\_\_\_ X Width \_\_\_\_ Height Above Grade \_\_\_\_ at yard, Total Area \_\_\_\_

Joist#1: \_2\_ X \_\_\_\_, @ \_\_\_\_" On Center, Span \_\_\_\_, Cantilever \_\_\_\_

Joist#1: \_2\_ X \_\_\_\_, @ \_\_\_\_" On Center, Span \_\_\_\_, Cantilever \_\_\_\_

Beam #1: \_2\_ / \_2\_ X \_\_\_\_, Span \_\_\_\_, Cantilever \_\_\_\_

Beam#2: \_2\_ / \_2\_ X \_\_\_\_, Span \_\_\_\_, Cantilever \_\_\_\_

Post \_\_\_\_" X \_\_\_\_", Height \_\_\_\_

Deck Footing: \_\_\_\_\_ diameter X \_36"\_\_ deep, Thickness \_\_\_\_\_, Area \_\_\_\_

Stair Footing: \_\_\_\_\_ diameter X \_36"\_\_ deep, Thickness \_\_\_\_\_, Area \_\_\_\_



## Request for PA UCC Deck Building Permit Exemption

Permits are required for all accessory structures in Upper Macungie Township. Zoning approval for a structure is the first part of the building permit process. A building permit is required for a deck unless eligible for an exemption under Section 403.62.C.8 of the PA UCC, [Act 45 of 1999].

You may be entitled to an exemption from the permit and inspection requirements of the PA UCC if certain criteria listed below is met. To request a Building Permit Exemption under the PA UCC, simply complete this form and attach it to the completed Zoning Permit application.

The plans examiner/Building Code Official will review this exemption request and if approved, a building permit will not be issued and building inspections will not be performed under the PA UCC. The zoning officer will review the application for zoning compliance only and issue a zoning permit.

All 4 must apply to qualify for the exemption:

- The deck floor is not more than 30 inches above grade at any point.
- The deck is uncovered (If roof is proposed anytime in the future, new footers will be required).
- The 30-inch vertical height above grade includes measurements at any point extending 36 inches horizontally from the perimeter of the deck.
- The deck must be 200 square feet or less in size.

Property Address: \_\_\_\_\_

Owner Name (Print): \_\_\_\_\_

Owner Signature: \_\_\_\_\_

**Note: By signing this form, the owner is aware that future changes to the Deck such as installing a roof, sunroom, hot tub or similar modifications will be subject to the PA UCC. As this deck will not be inspected or evaluated under the PA UCC, the deck will need substantial upgrades in order to support those changes.**

(FOR OFFICE USE ONLY)

The Building Code Official has reviewed this request for an exemption.

Approved \_\_\_\_\_

Denied \_\_\_\_\_

----- BCO  
Building Code Official (or designee)

Reasons for denial: \_\_\_\_\_



# 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	
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"/> 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: _____ _____ _____ _____
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<b>PERMIT ISSUED BY:</b> _____ <b>TITLE:</b> _____ <b>DATE:</b> _____ <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>
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UPPER MACUNGIE TOWNSHIP  
8330 Schantz Rd  
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## 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: \_\_\_\_\_



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### **\*\* 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):

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Signature

Date

Address: \_\_\_\_\_

## UPPER MACUNGIE TOWNSHIP

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### 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