



# UPPER MACUNGIE TOWNSHIP

## Residential Generator / Optional Standby System Submittal Guide

All work shall meet the requirements of the 2015 International Residential Code and the 2014 National Electrical Code including Sections 445 & 702.

Please utilize the checklist below before submitting an application:

Provide a scope of work explaining all work to be performed.

Provide a plot plan showing all equipment locations.

Provide a one-line diagram detailing all electrical data, grounding, conductor, raceway, disconnecting means, equipment sizing & etc.

Confirm correct workspace for the generator, transfer switch & all other associated equipment.

Provide all necessary measurements & manufacturer's installation instructions confirming the correct location of the generator and exhaust location from windows, air intakes or other parts of the residence.

Confirm generator fuel type & installation data.

Provide mechanical data & installers' information for a fuel gas installation including meter sizing.

Provide design data for the pad or other generator support.

Confirm if a separately derived system with a switched neutral conforming to system grounding per 250.30 or a non-separately derived system with a solid neutral to be grounded as listed in 250.35.

Provide the manufacturers installation instructions for the generator, transfer switch & equipment.

Provide the exact language for all labels at the electrical panel, generator disconnect, transfer switch, electric meter, etc. See Articles 445 & 702.7C.

Confirm automatic transfer equipment is adequately sized for all connected loads.

Confirm manual transfer equipment has adequate capacity for all equipment arranged to be used at one time. Provide load scheme for managing the available power.

Provide UL or other listing information documenting suitability of all equipment. IRC Table E3705.1 & NEC Table 310.15B16 both require #3 Cu or #1 AL or 100 amp feeder conductors.

R105.8 Responsibility. It is the duty of every person who performs work for the installation or repair of building, structure, electrical, gas, mechanical, or plumbing systems for which this code is applicable to, comply with the code.



# 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"/> 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 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