



UPPER MACUNGIE TOWNSHIP

8330 Schantz Road
Breinigsville, PA 18031

p 610.395.4892

f 610.395.9355

UpperMac.org

Residential HVAC Replacement Permit Submittal & Installation

All work shall meet the requirements of the 2018 International Residential Code.

Please utilize the checklist below before submitting an application:

- R106.1 - Provide a plan or scope of work with a clear explanation of the work to be performed and include a listing of all equipment to be installed with specifications.
- R315 – Confirm the installation of a carbon monoxide detector immediately outside the bedrooms in homes where fuel burning appliances are installed.
- M1305.1.3.1– Install the unit and ductwork above the floor.
- G2407 – Provide ventilation for combustion air for fuel burning appliances.
- G2411 / G2411.1.1 – Bond the gas piping or CSST.
- G2420.5 / G2422.1.2.4 – Provide a gas shut off valve at the unit.
- G2424.1 - Strap the gas or fuel piping including at the unit.
- G2427 – Provide unit data & instructions to confirm proper venting and termination.
- E3404.11 - Provide the unit manufacturer, model number, BTU's, efficiency of each piece of equipment.
- E3404.13 - Identify multiple units to determine the exact equipment. Homes with two heat pumps must have the disconnecting means identified to match the electrical panel for each unit.
- E3706.2 - Identify the overcurrent protection [circuit breakers] for all equipment in the electrical panel.
- E3802.1 / Table E3802.1 – Strap NM cable within 12” of the unit or disconnect connection & 4 ½ feet thereafter maximum.
- E3902.5 – Provide GFCI protection of receptacles as listed including for the condensate pump or work receptacles at the unit.
- E4101.4 - Provide the size of the required overcurrent protection for each unit as listed on the equipment nameplate.
- #18-205 - Upper Macungie Township Ordinance - Provide a design for proper disposal of unit condensate. Condensate shall not drain into the sewer system.

Rev: 2/28/2023



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 |
|------------------------------|---|---|

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

| | | | |
|--|--|---|--|
| 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 | 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)

| | | |
|---|-------------|------------|
| 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"/> 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 | \$ _____ |
| | \$ _____ | - | | | Total | \$ _____ |

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

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



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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):

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