



## UPPER MACUNGIE TOWNSHIP

8330 Schantz Road  
Breinigsville, PA 18031

p 610.395.4892  
f 610.395.9355

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

### New Single Family Dwelling Permit Submittal Guide

All work shall conform to the 2018 International Residential Code and include the following information. Prototypes or typical designs are not accepted.

**Please utilize the checklist below before submitting an application:**

- 1 - Submittals must be accompanied by site specific plans for each address.
- 2 – Framing designs must meet 40 psf ground snow load.
- 3 – Framing designs must include all member sizes and span information and the beam load & span data.
- 4 – Engineered members or beams must be accompanied by the manufacturer’s span, load and installation data.
- 5 - Truss designs must be engineered & be accompanied by the manufacturer’s span and installation data.
- 6 – Complete designs are required for mechanical, electrical, and plumbing work with equipment specifications and a listing of all equipment or fixtures to be installed.
- 7 – Sprinkler designs shall include plans with all calculations and equipment specifications.
- 8 – Energy compliance designs must include R values for all building envelope components, compliance method [Res Check or PA Alternative] and BTU’s and efficiencies for the heating and cooling systems and the water heater.
- 8 – Deck or rear stair designs shall be provided and/or notations if the rear exit is too blocked for use.
- 9 – Optional equipment listed with design specifics as necessary.
- 10 – Emergency escape and rescue openings are required.
- 11 – It is the installers responsibility to meet code compliance.



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### **Residential Foundation As- Built Plans**

A Foundation As-Built is required for all new residences (Single family detached, twins & townhomes) The Survey shall show the vertical and horizontal foundation location. This shall mean the top of foundation elevation measured in feet above mean sea level. The plan shall also show closest point of the foundation measured in feet to all property lines, separation between buildings, lot dimensions, wetlands, floodplains, active easements and right of way

The plan shall be based upon an actual survey made and sealed by a Commonwealth of Pennsylvania Registered Land Surveyor or Professional Engineer after the foundations for all buildings have been constructed. The plan shall be prepared in engineering scale (i.e., 1 inch =10, 20,30, 40, 50 or 60 feet) The preferred plan size is 8.5 x 11, but larger sizes are acceptable if necessary.

The plan or title block shall include the following: Date, lot number and subdivision name, Builders name, address and phone number, Engineer's or Surveyor's name, address and phone number, Property address, Township Building Permit number, graphic scale and north arrow.

Four (4) Original Sealed Plans shall be forwarded to the Zoning Officer prior to the start of framing. Approved originals will be attached to the Final Certificate of Occupancy, the builder should keep one copy for their records and forward a copy to the new homeowner. This plan must be used to show future construction projects (Pools, Sheds, Fences, etc.). Any questions please contact the Zoning & Code Enforcement Officer between 7:30 and 4:00, Monday thru Friday. Once approved, a copy will be forwarded to Keystone Consulting Engineers for comparison with the approved grading plan.



# 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.	
<b>Enter the Number of New or Replacement Units</b>			
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.		



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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: \_\_\_\_\_

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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

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Email: [rcolfer@uppermac.org](mailto:rcolfer@uppermac.org) or [sharons@uppermac.org](mailto:sharons@uppermac.org)

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Thank you,

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

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- **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

