

Applicant must select ONE Building Code Official/Building Inspector to process this permit application and to perform any necessary inspections:

Contractors Inspection Services, Inc. (Jim Franey)
5029 Apple Lane, Mohnton, PA 19540
Phone: (610) 775-2269

LTL Consultants, Ltd. (Bradley Pflum)
One Town Centre Dr., PO Box 241, Oley, PA 19547
Phone: (610) 987-9290

ELECTRICAL PERMIT APPLICATION

Date _____

Permit No. _____
(Assigned by LTL)

Township _____

Contractor _____

Job Site Address _____

Phone _____

Address _____

Electric Company Job # _____

Job Site Owner _____ Experience (Journeyman, etc.) _____

Job Site Phone _____ License Number _____

General Information (circle all that apply)

Single Family Residence Multiple Residences _____ quantity Businesses Industrial
New Remodel Repair Accessory Structure
Pool Temporary Permanent

Service Size (if applicable) Voltage _____ Amperage _____ Phase _____

Service wire size and type Gage _____ Metal _____ (cu, al, cu/al)

Grounding Electrode System _____

Wiring Method: NM AC MC RNC RMC _____
Size _____ Type _____

Emergency Generator Voltage _____ Amperage _____ Size _____

HVAC: Type _____ Tonnage _____ HP _____ Voltage _____ Amperage _____

Baseboard Quantity _____ Amperage Total _____

Fire/Emergency System Type _____ Quantity of detectors _____

Is a set of electric plans included with this or with the building application? _____ (Y/N)

Applicant certifies that all information given is correct and that National Electric Code NFPA 70 and IRC will be complied with in performing the work for which this permit is issued.

Work must begin within one (1) year of permit issuance or the permit shall be come invalid.

Description of work: _____

ESTIMATED COST OF ELECTRICAL CONSTRUCTION (Reasonable fair market value) \$ _____

Signature of Applicant _____

Date _____

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PLUMBING PERMIT APPLICATION

TOWNSHIP: _____

Date of Application: _____, 20_____

Permit Fee: \$ _____

Name of Applicant (Owner): _____

Address _____ Phone _____

_____ Zip Code _____

Name of Contractor: _____

Address _____ Phone _____

_____ Zip Code _____

Subdivision Name and Lot No. (if applicable): _____

Tax Map Parcel Number: _____

- Check Appropriate Box:
- Mobile Home or Manufactured Dwelling
 - Single-Family Dwelling
 - Two Family Dwelling
 - Apartment Building or Condominium
 - Addition or Alteration
 - Sewer Lateral
 - Water Lateral
 - Non-Residential Application: Specify: _____
 - Permit for work not listed elsewhere

Statement of materials to be Used: _____

Estimated Cost of Plumbing Construction (*Reasonable fair market value*) \$ _____

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

=====

Permit No. _____ Issuance Date: _____

Approved by Inspector: _____ Date: _____

Signature

Workers' Compensation Insurance Coverage Information

1. Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law?
 Yes No

If the answer is "yes", complete Sections B, C, D, and E below as appropriate.
If the answer is "no", complete Section E.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for workers' compensation.

Check if Certificate is attached.

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy Number _____

Check if Certificate is attached.

Policy Expiration Date _____

-
- C.** Is the applicant using any subcontractor(s) on this project? Yes No

If the answer is "yes", the applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.

-
- D. Exemption:** Complete Section D if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of the Pennsylvania Worker's 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 the Township.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this _____ day of _____, 20__

Signature of Notary Public My Commission expires: _____

(Seal)

E. Signature required for all applicants

Signature of Applicant _____

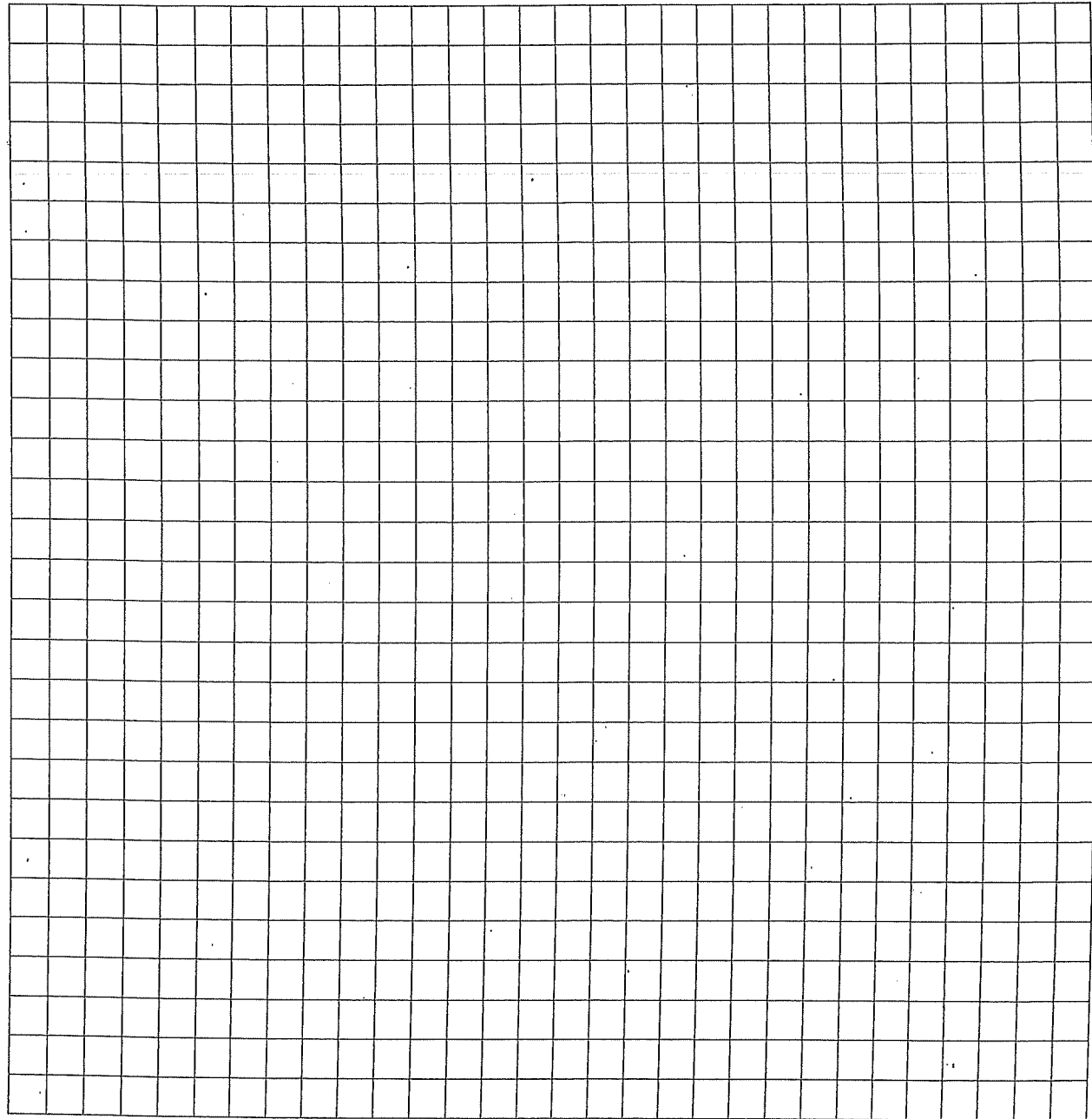
Address _____

County _____ Municipality of _____

NAME: _____

PLOT PLAN / SKETCH PLAN AREA

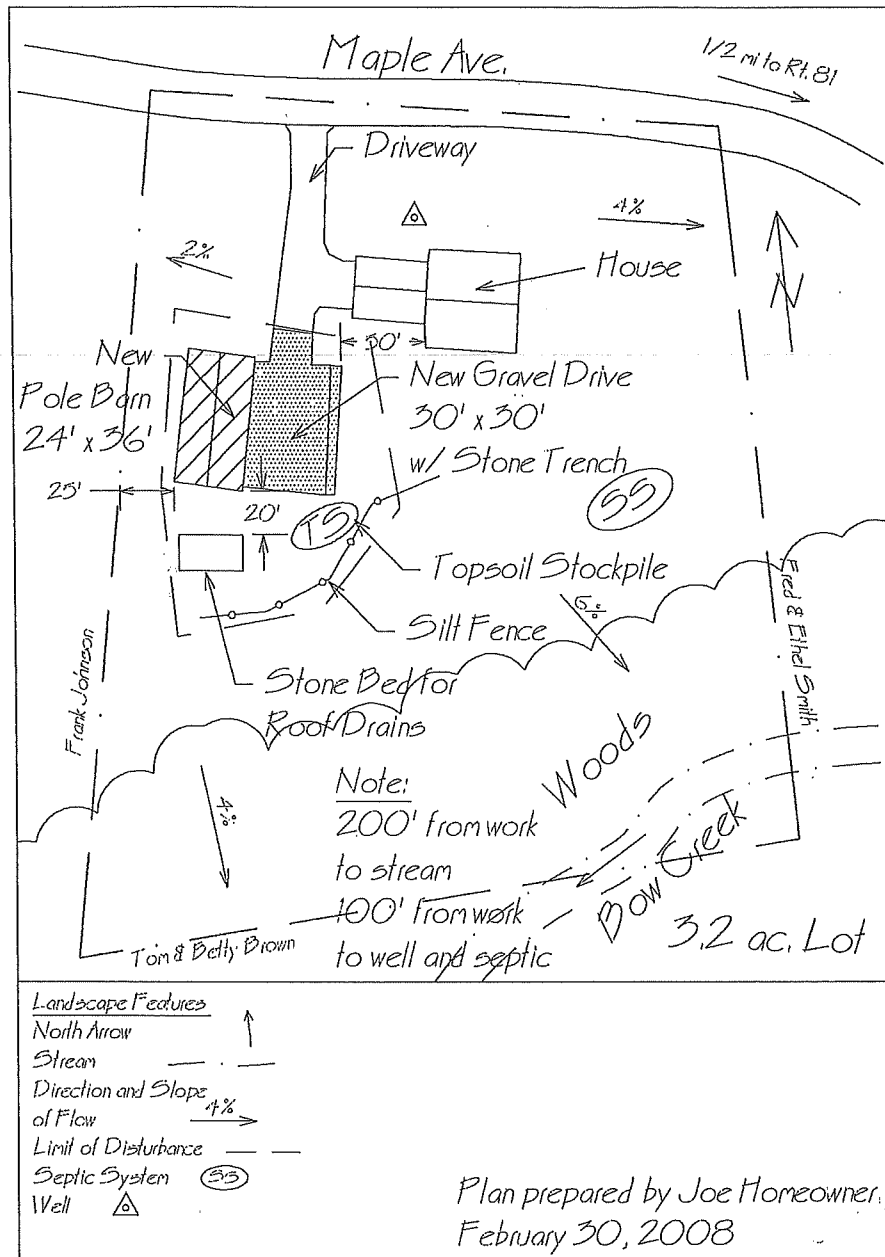
LOCATION: _____



The Plot Plan must show size and location of all structures and wells on the property and the distance to property lines (hand drawn is acceptable)

Is your drawing to scale Y / N? If yes, what is the scale? _____

Example of Site Sketch Plan



Plan shall contain the following items:

- Lot configuration and total acreage.
- Existing features: buildings, driveways, parking areas, woodland, streams, etc.
- Proposed impervious surfaces: driveways, parking areas including dimensions.
- Names of owners immediately adjacent to the project site location.
- Locations of existing streets or easements, railroads, drainage facilities.
- Proposed erosion and sedimentation control facilities.
- Location of watercourses, wetlands, and riparian stream buffer located within the property or one hundred (100) feet from the project site location.
- Distances between the proposed activity and existing features, property lines, on-lot sewage facilities, wells and watercourses.