

**EAST VINCENT TOWNSHIP** (262 Ridge Road, Spring City, PA 19475 Phone: 610 933-4424)

**Commercial Building Permit Application**

for any Structure other than a One- or Two-Family Dwelling

Name of Building / Business (if applicable) \_\_\_\_\_ Building Owner \_\_\_\_\_

**SECTION I: LOCATION**

Municipality: \_\_\_\_\_ County: \_\_\_\_\_ Tax Parcel ID#: \_\_\_\_\_

**SITE LOCATION: Complete Address** Street / Lot # \_\_\_\_\_ City /Town \_\_\_\_\_ Zip Code \_\_\_\_\_

**SECTION II: PROPOSED WORK**

Edition of PA UCC/ICC used \_\_\_\_\_ If New Construction check here  OR check all that apply in the two rows below

Existing Building  Repair  Alteration  Addition  Demolition

Change of Use  Change of Occupancy  Other  Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes  No

Brief Description of Proposed Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION III: COMPLETE THIS SECTION IF THIS IS FOR AN EXISTING BUILDING UNDERGOING A RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY**

Additional Construction  Alteration/Structural Egress Change  Repair Renovation  Change of Use/Occupancy  
 Applicable Code:  IBC  IEBC Level of Alteration:  I  II  III

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

**SECTION IV: BUILDING HEIGHT AND AREA**

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

**SECTION V: USE GROUP (Check as applicable)**

**A: Assembly** A-1  A-2  A-3  A-4  A-5  Type: \_\_\_\_\_ **B: Business**  **E: Educational**   
**F: Factory** F-1  F2  **H: High Hazard** H-1  H-2  H-3  H-4  H-5   
**I: Institutional** I-1  I-2  I-3  I-4  **M: Mercantile**  **R: Residential** R-1  R-2  R-3  R-4   
**S: Storage** S-1  S-2  **U: Utility**  **Mixed Use**  Describe: \_\_\_\_\_  
 Special Use Description: \_\_\_\_\_

**SECTION VI: CONSTRUCTION TYPE (Check as applicable)**

**IA**  **IB**  **IIA**  **IIIB**  **IIIA**  **IIIB**  **IV**  **VA**  **VB**

**SECTION VII: SITE INFORMATION**

**Flood Zone Information:** Check if outside Flood Zone  or Identify Zone: \_\_\_\_\_ Land Use Permit # \_\_\_\_\_  
**Hazards to Air Navigation:** Is structure within airport approach area? Yes  No

**SECTION VIII: CONTENT OF CERTIFICATE OF OCCUPANCY**

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_  
 Does the building contain a Sprinkler System? \_\_\_\_\_  
 Design Occupant Load per Floor and Assembly space: \_\_\_\_\_  
 Special Stipulations: \_\_\_\_\_

**SECTION IX: PROPERTY OWNER/APPLICANT INFORMATION**

Name Property Owner and contact information:

Name (*Print*) \_\_\_\_\_ No. and Street \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (*business*) \_\_\_\_\_ Telephone No. (*cell*) \_\_\_\_\_ Email address \_\_\_\_\_

**If applicable, the property owner hereby authorizes:**

Name (*Print*) \_\_\_\_\_ No. and Street \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (*business*) \_\_\_\_\_ Telephone No. (*cell*) \_\_\_\_\_ Email address \_\_\_\_\_

to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

**SECTION X: CONSTRUCTION DETAILS**

**X.i: Registered Design Professional Responsible for this Project**

Name (Registrant) _____	Telephone No. _____	Email address _____	Registration Number _____
Street Address _____	City/Town _____	State _____ Zip _____	Discipline _____ Expiration Date _____

**X.ii: General Contractor**

Company Name \_\_\_\_\_ Name of Person Responsible for Construction \_\_\_\_\_ License No. & Type if Applicable \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (*business*) \_\_\_\_\_ Telephone No. (*cell*) \_\_\_\_\_ Email address \_\_\_\_\_

**SECTION XI**

A Workers' Compensation Insurance Affidavit form must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit. Is a signed Affidavit submitted with this application? **Yes**  **No**

**SECTION XII: CONSTRUCTION COSTS AND PERMIT FEE**

Item	Estimated Costs: (Labor and Materials)	
1. Building	\$ _____	START DATE: _____ FINISH DATE: _____ TOTAL NUMBER OF WEEKS: _____ TOTAL VALUE OF WORK: \$ _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Other: _____	\$ _____	
6. Total Cost	\$ _____	

**SECTION XIII: SIGNATURE OF PERMIT APPLICANT**

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. § 4903.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Please Sign Name \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Position / Title \_\_\_\_\_ Acting on Behalf of Company / Business Name \_\_\_\_\_

Complete Address: Street \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

# Appendix 1

## Registered Professional Contact Information

Name (Registrant)	Telephone No.	Email address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		

  

Name (Registrant)	Telephone No.	Email address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		

  

Name (Registrant)	Telephone No.	Email address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		

The checklist below is a partial list of documents that may be required. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

### Checklist for Construction Documents\*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Workers Compensation Insurance			
18	FEMA Elevation Certificates & other Flood Plain Documentation			
19	Other (Specify)			
20	Other (Specify)			
21	Other (Specify)			

**\*Deferred Submittals must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction documents have been approved by the authority having jurisdiction.**