

Permit No.: \_\_\_\_\_  
Permit Fee: \_\_\_\_\_  
Notary Fee: \_\_\_\_\_  
Permit Tax: \_\_\_\_\_  
TOTAL Fees: \_\_\_\_\_

# BUILDING PERMIT

Date: \_\_\_\_\_

ADDRESS of PROPOSED WORK or IMPROVEMENT: \_\_\_\_\_

Are you located in a Flood Zone? YES  NO  Tax Parcel Number: 21-\_\_\_\_\_

OWNER: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Insurance Expiration Date: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

**Proposed Work or Improvement may be subject to Engineer Review/Fees**

**TYPE OF WORK OR IMPROVEMENT (check one)**

- |  |                                     |   |                                |
|--|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> NEW BUILDING    | <input type="checkbox"/> REPAIR     | <input type="checkbox"/> CHANGE OF USE      | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> FOUNDATION ONLY | <input type="checkbox"/> ADDITION   | <input type="checkbox"/> DEMOLITION         |                                |
| <input type="checkbox"/> RELOCATION      | <input type="checkbox"/> ALTERATION | <input type="checkbox"/> PLUMBING           |                                |
| <input type="checkbox"/> MECHANICAL      | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> ACCESSORY BUILDING |                                |

DESCRIBE THE PROPOSED WORK: \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ \_\_\_\_\_

DESCRIPTION OF BUILDING USE (check one)

- RESIDENTIAL**  One Family Dwelling  
 Two Family Dwelling

**NON-RESIDENTIAL** Specific Use: \_\_\_\_\_

Use Group: \_\_\_\_\_

Change in Use:  YES  NO

If YES, indicate previous use: \_\_\_\_\_

MAXIMUM OCCUPANCY LOAD: \_\_\_\_\_

MAXIMUM LIVE LOAD: \_\_\_\_\_



**BUILDING / SITE CHARACTERISTICS**

NUMBER OF OFF STREET PARKING SPACES: Outdoor:\_\_\_\_\_ Enclosed:\_\_\_\_\_
NUMBER OF BEDROOMS: Full:\_\_\_\_\_ Partial:\_\_\_\_\_
NUMBER OF RESIDENTIAL DWELLING UNITS: Existing:\_\_\_\_\_ Proposed:\_\_\_\_\_
INDICATE TYPE OF HEATING / VENTILATION/ AIR CONDITIONING: (Electric, Gas, Oil, Etc...)

WATER SERVICE: [ ] Public [ ] Private
SEWER SERVICE: [ ] Public [ ] Private SEPTIC PERMIT No.: \_\_\_\_\_

**DOES or WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING**

Fireplace(s):\_\_\_\_\_ Number:\_\_\_\_\_ Type of Fuel:\_\_\_\_\_ Vent Type:\_\_\_\_\_
Elevators / Escalators / Lifts / Moving Walks: [ ] YES [ ] NO
Sprinkler System: [ ] YES [ ] NO
Pressure Vessels: [ ] YES [ ] NO
Refrigeration Systems: [ ] YES [ ] NO

**BUILDING DIMENSIONS:**

Existing Building Area:\_\_\_\_\_ (sq.ft.) Number of Stories: \_\_\_\_\_
Proposed Building Area: \_\_\_\_\_ (sq.ft.) Height of Structure above Grade: \_\_\_\_\_
TOTAL Building Area: \_\_\_\_\_ (sq.ft.) Area of Largest Floor: \_\_\_\_\_

**FLOOD PLAIN**

IS THE SITE LOCATED WITHIN AN IDENTIFIED FLOOD HAZARD AREA? [ ] YES [ ] NO
WILL ANY PORTION OF THE FLOOD HAZARD AREA BE DEVELOPED? [ ] YES [ ] NO
Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act. (Act 166-1978). Specifically Section 60.3

LOWEST FLOOR LEVEL: \_\_\_\_\_

**HISTORIC DISTRICT**

IS THE SITE LOCATED WITHIN A HISTORIC DISTRICT?: YES [ ] NO [ ]

If construction is proposed within a historic district, a certificate of appropriateness may be required by Municipality. Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work. The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA ACT (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of showing all property lines, setback lines, easements, rights of way & flood areas. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances and regulations.

I certify that the code administrator or the code administrator'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.

**INTERIOR FRAMING**

Framing Material: \_\_\_\_\_

IF FRAME IS WOOD GIVE SPECIES and GRADE: \_\_\_\_\_

INTERIOR SUPPORTS: \_\_\_\_\_

LIST LOADING FOR WHICH FLOORS ARE DESIGNED: \_\_\_\_\_

LIST SIZE, LONGEST SPAN and DISTANCE BETWEEN CENTERS of JOISTS, GIRDERS and RAFTERS

**FLOOR JOISTS**

**GIRDERS**

	SIZE	LONGEST SPAN	CENTERS	BRIDGING	SIZE	LONGEST SPAN	CENTERS
1 <sup>st</sup> FLOOR							
2 <sup>nd</sup> FLOOR							
3 <sup>rd</sup> FLOOR							
CEILING JOIST							
ROOF RAFTERS							

BEARING PARTITIONS Studs are: \_\_\_\_\_ Spaced on: \_\_\_\_\_

Size of Headers and Trimmers: \_\_\_\_\_ Type of Fasteners: \_\_\_\_\_

IF METAL GIRDERS OR LINTELS ARE USED FOR SUPPORT GIVE PARTICULARS: Size, Etc...  
\_\_\_\_\_

**EXTERIOR WALLS**

Material of which walls will be constructed: \_\_\_\_\_

List Fire Resistance Rating of exterior walls: \_\_\_\_\_

If walls are wood provide the following; STUDS are \_\_\_\_\_ SPACED on \_\_\_\_\_

CENTERS BRACED with \_\_\_\_\_ SHEATHED with \_\_\_\_\_

CORNER POSTS are \_\_\_\_\_ SILL is \_\_\_\_\_ PLATE is \_\_\_\_\_

**MISCELLANEOUS**

List Class of Roof Covering \_\_\_\_\_

If Skylights are to be installed give particulars: NUMBER, SIZES, MATERIAL, Etc...  
\_\_\_\_\_

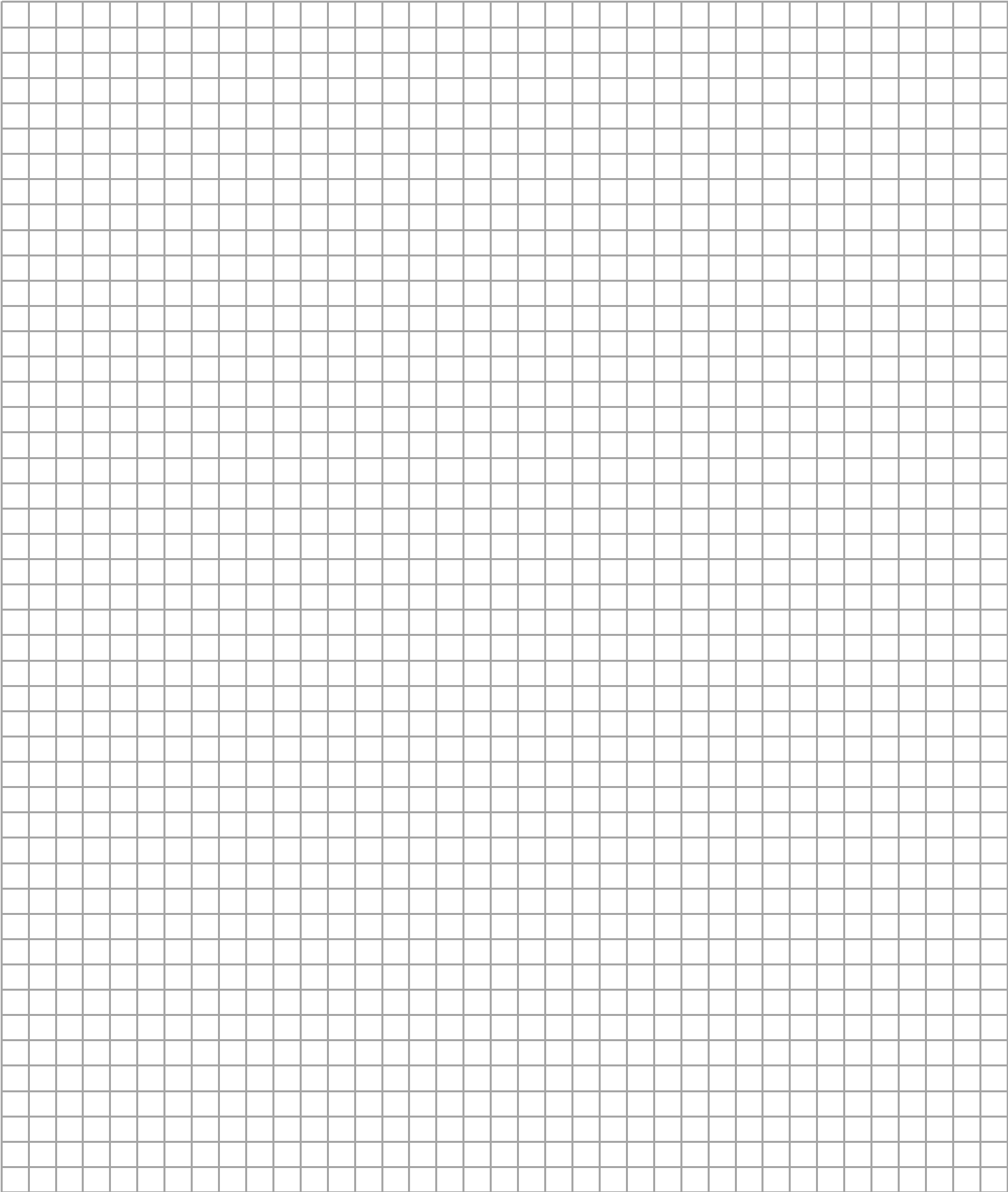
List material of which Chimney, Flue or Vent will be comubsted: \_\_\_\_\_

In Factory Built Chimney is to be used, list manufacturer: \_\_\_\_\_

Clearance of Chimney, Flue or Vent from Combustible Material: \_\_\_\_\_

**ADDITIONAL REMARKS:** \_\_\_\_\_

**PLOT PLAN DRAWING**



**IMPERVIOUS SURFACE CALCULATION**  
(FROM PLOT PLAN DRAWING ON PREVIOUS PAGE)

Address: \_\_\_\_\_ Lot Size: \_\_\_\_\_ sq. ft. \_

HOUSE (*including attached garage and/or carport*) \_\_\_\_\_ sq. ft. \_

DETACHED GARAGE \_\_\_\_\_ sq. ft. \_

DRIVEWAY (*concrete, pavement, pavers or stone*) \_\_\_\_\_ sq. ft. \_

WALKWAY \_\_\_\_\_ sq. ft. \_

SHED \_\_\_\_\_ sq. ft. \_

PATIO (*pavers or concrete*) \_\_\_\_\_ sq. ft. \_

DECK covered by roof \_\_\_\_\_ sq. ft. \_

IN-GROUND POOL DECKING \_\_\_\_\_ sq. ft. \_

OTHER \_\_\_\_\_ sq. ft. \_

**TOTAL (*existing*)** \_\_\_\_\_ sq. ft. \_

PROPOSED construction \_\_\_\_\_ sq. ft. \_

**TOTAL *including* PROPOSED construction** \_\_\_\_\_ sq. ft. \_

Total impervious percentage \_\_\_\_\_ % \_

Maximum impervious percentage allowed \_\_\_\_\_ % \_

**No permit will be issued until all necessary paperwork is completed.  
Citation will be issued if work is started without permits.**

**AFFIDAVIT - STATE OF PENNSYLVANIA - COUNTY OF BUCKS - TOWNSHIP OF LOWER SOUTHAMPTON**

Date: \_\_\_\_\_

\_\_\_\_\_ Being duly sworn according to law, this oath deposes  
(applicant)

and says: I reside at \_\_\_\_\_  
(applicant's address)

I am the SOLE, JOINT, AGENT (circle one) for owner of the premises known and designated as;  
\_\_\_\_\_ in the Township of Lower Southampton,  
(address of proposed work or improvement)

that the work proposed to be done upon said premises is authorized by \_\_\_\_\_  
(homeowner / lessee)

that the full name and address of the owner, or each owners of said premises and of said building are as follows:  
\_\_\_\_\_ and that no other person or persons is the owner of the  
(homeowners name and address)

whole or any part of the same.

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THS JURISDICTION.

\_\_\_\_\_  
(applicant's signature)

\_\_\_\_\_  
(homeowners signature)

Sworn and subscribed before me on this day of: \_\_\_\_\_  
(date) (notary signature)

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NEW WORKERS COMPENSATION REFORM ACT 44 OF 1993 Prior to issuance of a building permit, a Municipality shall require proof of workers compensation or an affidavit that the contractor is not required to carry workers compensation insurance. Carrier & Policy Number: \_\_\_\_\_ Municipality must be a certificate holder, and must be notified of cancellation or expiration of the workers compensation policy. Expiration Date: \_\_\_\_\_

**INSPECTIONS REQUIRED**

- Footings before concrete poured
- Damproofing or Waterproofing before back filled Slab
- Rough Frame, Electric, Plumbing and HVAC
- Insulation
- Drywall Inspection before taping
- FINAL Building, Electrical, Plumbing & HVAC

**OTHER INSPECTIONS THAT MAY APPLY**

- Sewer Lines
- Water Lines
- Fireplaces
- Accessibility Requirments

**OFFICE USE ONLY**

Building permit number: \_\_\_\_\_

Building permit issued: \_\_\_\_\_

Building permit fee: \_\_\_\_\_

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_