

PERMIT COVER PAGE



Site Address _____

Project/Application Type(ex.roof, sewer lateral, deck etc)_____

Project Name(if any)_____

- Plans (list type)_____
- Application
- Specifications (list type)_____
- Other _____
- Other _____
- Other _____

BOROUGH OF LANSDALE

BUILDING PERMIT APPLICATION PROCEDURES

PLEASE MAKE SURE ALL CHECKLIST ITEMS ARE COMPLETE BEFORE SUBMITTAL

Building Permit Checklist

- All sections of application completed
- Application signed and dated
- Site/Plot Plan *(unless sealed by design professional plans are required)* with all dimensions
- 2 copies of plans and specifications *(Plans must include structural, electrical, mechanical, and plumbing details.)*
- 3 copies of plans and specifications *(Fire protection)*
- 1 digital copy of plans and specifications for any size exceeding 11" x 17"
- Copy of certificate of insurance for all contractors/subcontractors *(Fax to 215-361-8393)*

Notes:

Work may not start until a permit has been approved and granted. The permits are to be displayed so as to be visible from the street. Final approval shall not be granted until all fees are paid in full.

INSPECTIONS – Call the Borough office (215-361-8333) at least 24 hours in advance to schedule each inspection. Notification for inspections at the various stages of construction is the responsibility of the applicant and/or contractor. If the appropriate inspections are not requested, they will not be performed and uninspected work will not be granted final approval.

All Subdivision and Land Development approvals must be complete before submitting building permit. Township requires stamped plans if any structural materials (i.e.: steel, trusses, bond beams or manufactured beams) are being used in the construction of structure.

FEES

Residential - One and Two Family Dwelling

Area calculations shall be made using outside dimensions of construction

Building

New Construction:

- \$375 First 1,500 square feet of floor area including garage and full basement
- \$110 Each additional 500 square feet or fraction thereof including garage and basement
- \$4.50 Fee assessed per Commonwealth of PA

Additions / Alterations:

- \$125 Base fee plus
- \$0.25 Each square foot of gross floor area
- \$4.50 Fee assessed per Commonwealth of PA

Accessory Structures Including, but not limited to, shed, garage, swimming pool with enclosure, etc:

- \$75 For the first \$3,000 of cost or part thereof
- \$35 Each additional \$1,000 of cost or part thereof
- \$4.50 Fee assessed per Commonwealth of PA

Electrical

- \$55 For the first \$3,000 of cost or part thereof
- \$25 Each additional \$1,000 of cost or part thereof
- \$4.50 Fee assessed per Commonwealth of PA

**** NOTE: Service, rough and final electrical work must be inspected by a PA Labor & Industry approved third-party electrical inspector. Certifications of each inspection must be submitted to the Borough. ****

Mechanical (HVAC)

- \$75 For the first \$3,000 of cost or part thereof
- \$25 Each additional \$1,000 of cost or part thereof
- \$4.50 Fee assessed per Commonwealth of PA

Plumbing

- \$ 75 Base fee (applied to all applications up to 3 fixtures)
- \$ 25 Per new fixture (new rough-in) greater than 3 fixtures
- \$ 35 New / replacement sewer lateral
- \$ 35 New / replacement water service
- \$190 Fire suppression system
- \$4.50 Fee assessed per Commonwealth of PA

**This schedule is for informational purposes only. Users are advised to see applicable ordinances.*

FEES

Residential (3 or more dwellings), Commercial , Professional Office, Industrial

Area calculations shall be made using outside dimensions of construction.

Building

New Construction:

- \$800 First 1,000 square feet of floor area
- \$100 Each additional 500 square feet or fraction thereof
- \$4.50 Fee assessed per Commonwealth of PA

Additions / Alterations:

Amended by Borough Council Resolution 09-09 dated March 18, 2009

- \$330 Base fee plus
- \$0.35 Each square foot of gross floor area
- \$4.50 Fee assessed per Commonwealth of PA

Electrical

- \$ 55 For the first \$3,000 of cost or part thereof
- \$ 25 Each additional \$1,000 of cost or part thereof
- \$4.50 Fee assessed per Commonwealth of PA

**** NOTE: Service, rough and final electrical work must be inspected by a PA Labor & Industry approved third-party electrical inspector. Certifications of each inspection must be submitted to the Borough. ****

Mechanical (HVAC)

- \$120 For the first \$3,000 of cost or part thereof
- \$ 25 Each additional \$500 of cost or part thereof
- \$250 Replacement of existing equipment
- \$4.50 Fee assessed per Commonwealth of PA

Plumbing

- \$120 Base fee (applied to all applications, up to 3 fixtures)
- \$ 25 Per fixture with new rough-in (greater than 3 fixtures)
- \$ 35 New / replacement sewer lateral
- \$ 35 New / replacement water service
- \$ 4.50 Fee assessed per Commonwealth of PA

Fire Sprinkler System

- \$275 For the first \$3,000 of cost or part thereof
- \$ 35 Each additional \$1,000 of cost or part thereof
- \$4.50 Fee assessed per Commonwealth of PA

Fire Standpipe

- \$80 Per riser
- \$4.50 Fee assessed per Commonwealth of PA

Accessibility Permit & Review Fee

\$150.00

**This schedule is for informational purposes only. Users are advised to see applicable ordinances.*

BOROUGH OF LANSDALE

*** PLEASE MAKE SURE ALL CHECKLIST ITEMS ARE COMPLETE BEFORE SUBMITTAL***

Accessibility Submission Requirements

- A completed application.
- 2 sets of site/plot plans.
- 2 sets of complete signed and sealed plans and specifications.
- 1 digital copy of plans (*over 11" x 17" in size*)
- Site Plans must include:
 - Size and location of all new and existing structures on the site
 - Location of any recreational facilities (ex. athletic courts, pool...)
 - Accessible parking, all locations of public access to the facility, accessible exterior routes and locations of accessible entrances.
 - Recognized street grades and proposed finished grade.
- Architectural and specifications must include:
 - Description of uses and the proposed occupancy group(s) for all portions of the building. The design approach for mixed-uses (as applicable).
 - Fully dimensioned drawings to determine areas and building height.
 - Adequate details and dimensions to evaluate accessible means of egress, including occupant loads for each floor, exit arrangement and sizes, corridors, doors, stairs, ramps, handrails, areas of refuge, etc.
 - Adequate details and dimensions to evaluate the accessible route to areas required to be accessible, including corridors, doors, protruding objects, maneuvering clearances, clear floor space at fixtures and controls, etc.
 - Accessibility provisions including but not limited to access to services, seating, dining, listening systems, accessible fixtures, elevators, work surfaces, etc.
 - Accessible plumbing facilities and details.
 - Visual and tactile signage provided.
 - Details of required fire protection systems and user controls.

All accessibility plan reviews are based on the applicable edition of ICC? ANSI A117.1, Accessible and Usable Buildings and facilities in reference to the applicable International Building Code (IBC).

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INSPECTIONS – Call the Borough office (215-361-8333) at least 24 hours in advance to schedule each inspection. Notification for inspections at the various stages of construction is the responsibility of the applicant and/or contractor. If the appropriate inspections are not requested, they will not be performed and uninspected work will not be granted final approval.

REQUIREMENTS FOR NEW ELECTRIC SERVICES

1. ALL WORK OVER \$50 REQUIRES A PERMIT, AND MUST BE INSPECTED BY AN ELECTRICAL UNDERWRITER.
2. YOU MUST USE A RINGLESS SOCKET WITH BYPASS HORNS FOR RESIDENTIAL SERVICE AND LIGHT DUTY COMMERCIAL.
3. FOR HEAVY DUTY COMMERCIAL SINGLE-PHASE AND THREE-PHASE USE RINGLESS SOCKET WITH BYPASS LEVER. PLEASE CONTACT THE ELECTRIC SERVICE BUILDING AT (215) 361-8371 FOR TYPE OF SOCKET TO BE USED.

THANK YOU FOR YOUR COOPERATION IN THESE MATTERS.

ELECTRICAL UNDERWRITERS

- ATLANTIC INLAND INSPECTIONS
PO BOX 967
SOUTHEASTERN PA 19399-0967
610-995-2791
- CODE INSPECTIONS
605 HORSHAM ROAD
HORSHAM PA 19044
215-672-9400
- LEHIGH VALLEY ELECT INSPECTION
PO BOX 361
OREFIELD PA 18069
610-868-7165
- MIDDLE ATLANTIC ELECTRICAL INSPECTIONS
302 E PENNSYLVANIA BOULEVARD
FEASTERVILLE PA 19053
215-322-2626
- MIDDLE DEPART INSPECTION AGENCY INC
1542 BRISTOL PIKE
BENSALEM PA 19020
215-244-1919
800-992-6342
- MUNICIPAL INSPECTION CORP.
1932 KENTWOOD STREET
PHILADELPHIA PA 19116
215-673-4434
- UNDERWRITERS INSPECTION SERVICES INC.
PO BOX 416
ROYERSFORD PA 19468
610-495-2803
- UNITED INSPECTION AGENCY
PO BOX 3361
AMBLER, PA 19002
215-542-9977
- OTHER _____

Code Enforcement Office
One Vine Street
Lansdale, PA 19446
P: 215-368-1691 F: 215-361-8393
www.lansdale.org



BOROUGH OF LANSDALE BUILDING PERMIT APPLICATION

Application Date _____/_____/_____

Permit# _____ For Office Use Only

I. Property Information:

Site Address _____ Tax Map Parcel # _____
 Residential Commercial Single Family Multi-Family Lot# _____ Zoning _____

II. Property Owner:

Preferred form of contact Phone Email

Name _____
Phone #(Home) _____ (Mobile) _____ Email _____
Mailing Address _____
City _____ State _____ Zip _____

III. Contractor Information: Same as Owner

Preferred form of contact Phone Email

Company _____
Name _____
Phone #(Business) _____ (Mobile) _____
Email _____ PA License (HIC)# _____
Mailing Address _____
City _____ State _____ Zip _____

IV. Applicant: Same as Owner Same as Contractor

Preferred form of contact Phone Email

Name _____
Phone #(Home) _____ (Mobile) _____ (Business) _____
Email _____
Mailing Address _____
City _____ State _____ Zip _____

Primary Contact Person: Property Owner Contractor Applicant

V. Building:

Type of application: Addition Alteration New Residential Building
 New Commercial Building Other _____

Description of Work:

Est. Start Date _____/_____/_____ Est. Finish Date _____/_____/_____ Est. Job Cost \$ _____

Applicant Signature _____ Contact# _____

Include copy of written proposal/contract.

Proposed Use:

Residential:	Non Residential:	
<input type="checkbox"/> One Family	<input type="checkbox"/> Religious	<input type="checkbox"/> Hospital, Institutional
<input type="checkbox"/> Two or More Family	<input type="checkbox"/> Industrial	<input type="checkbox"/> Office, Professional
<input type="checkbox"/> Garage	<input type="checkbox"/> Parking Garage	<input type="checkbox"/> School, Library
<input type="checkbox"/> Carport	<input type="checkbox"/> Service Station	<input type="checkbox"/> Retail
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

Structural Frame: Steel Concrete Wood Masonry Other _____
 Exterior Walls: Wood Masonry Concrete Steel Other _____
 Roof Construction: Rafter Wood Truss Steel Truss Other _____
 Roof Covering: Asphalt/Fiberglass Shingles Metal Built-Up Other _____

Dimensions:		
Number of Stories: _____	Front Setback _____	Industrial Area _____
Total Sqft of Floor Area: _____	Rear Setback _____	Commercial Area _____
Total Land Area, sqft: _____	Left Setback _____	Building Area _____
Total alteration/addition, sqft: _____	Right Setback _____	Living Area _____
Number of Off Street Parking Spaces _____	Building Height _____	Garages _____
Enclosed: _____		Garage Area _____
Outdoors: _____		
Residential buildings only		
No. of bedrooms _____	No. of Bathrooms _____	
Full _____	Full _____	
Partial _____	Half _____	Building Value \$ _____

VI. Electric: Permit # _____

Contractor(Company) _____
 Name _____
 Phone #(Business) _____ (Mobile) _____
 Email _____ PA License (HIC)# _____
 Mailing Address _____
 City State Zip

	Power Devices/Load		Power Devices/Load
1		5	
2		6	
3		7	
4		8	
Service Amps:		Total # of Motors:	
Number of Outlets: _____ 110 volt _____ 220 volt _____		Number of Circuits: _____ 2 wire _____ 3 wire _____ 4 wire _____	

Description of Work:

Est. Job Cost \$ _____

VII. Plumbing: Permit# _____

Contractor(Company) _____
 Name _____
 Phone #(Business) _____ (Mobile) _____
 Email _____ PA License (HIC)# _____
 Mailing Address _____
 City State Zip

Fixture Type	#Fixtures	Fixture Type	#Fixtures	Fixture Type	#Fixtures
Tub/showers		Water Heaters		Drinking Fountains	
Shower Stalls		Water Softeners		Inside Downspouts	
Lavatories		Water Pumps		Back Flow Preventers	
Toilets		Sump Pump		Swimming Pools	
Urinals		Sewage Ejectors		Standpipes	
Sinks		Floor Drains		Fire Sprinklers	
Laundry Tubs		Parking Lot Drains		Other	
Dishwashers		Bidets			
Garbage Disposals		Roof Openings			
				Total # Fixtures	

Public Water (Y/N) Public Sewer (Y/N) Water Service Size _____ IN Water Meter Size _____ IN

Description of Work:

Est. Job Cost \$ _____

VIII. Mechanical: Permit# _____

Contractor(Company) _____
 Name _____
 Phone #(Business) _____ (Mobile) _____
 Email _____ PA License (HIC)# _____
 Mailing Address _____
 City State Zip

Type	# Units	Type	# Units	Type	# Units	Type	# Units
Boiler		Gas/Oil Conversion		Electric Furnace		A/C Compressor	
Forced Air Furnace		Space Heater		Coil Unit		Air Handling Unit	
Heat Pump		Incinerator		Window A/C unit		Air Cleaner	
Unit Heater		Solid Fuel Appliance		Split System A/C		Gravity Furnace	

Type of heating fuel: Gas Oil Electric Coal Wood Other

Description of Work:

Est. Job Cost \$ _____

IX. Accessibility: Permit# _____

Existing/Previous Use/Occupancy type: IBC
Use Group: _____

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Religious	<input type="checkbox"/> Hospital, Institutional
<input type="checkbox"/> Mercantile/Store	<input type="checkbox"/> Industrial	<input type="checkbox"/> Office, Professional (Medical...)
<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Educational	<input type="checkbox"/> Storage
<input type="checkbox"/> Garage	<input type="checkbox"/> Utility	<input type="checkbox"/> Other _____

Existing/Previous Use/Occupancy classification:

<input type="checkbox"/> A1	<input type="checkbox"/> E	<input type="checkbox"/> H4	<input type="checkbox"/> M	<input type="checkbox"/> S2
<input type="checkbox"/> A2	<input type="checkbox"/> F1	<input type="checkbox"/> H5	<input type="checkbox"/> R1	<input type="checkbox"/> U
<input type="checkbox"/> A3	<input type="checkbox"/> F2	<input type="checkbox"/> I1	<input type="checkbox"/> R2	<input type="checkbox"/> R4
<input type="checkbox"/> A4	<input type="checkbox"/> H1	<input type="checkbox"/> I2	<input type="checkbox"/> R3 Adult Care	
<input type="checkbox"/> A5	<input type="checkbox"/> H2	<input type="checkbox"/> I3	<input type="checkbox"/> R4	
<input type="checkbox"/> B	<input type="checkbox"/> H3	<input type="checkbox"/> I4	<input type="checkbox"/> S1	

Description: _____

Proposed Use/Occupancy type:
IBC Use Group: _____

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Religious	<input type="checkbox"/> Hospital, Institutional
<input type="checkbox"/> Mercantile/Store	<input type="checkbox"/> Industrial	<input type="checkbox"/> Office, Professional (Medical...)
<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Educational	<input type="checkbox"/> Storage
<input type="checkbox"/> Garage	<input type="checkbox"/> Utility	<input type="checkbox"/> Other _____

Proposed Use/Occupancy Classification:

<input type="checkbox"/> A1	<input type="checkbox"/> E	<input type="checkbox"/> H4	<input type="checkbox"/> M	<input type="checkbox"/> S2
<input type="checkbox"/> A2	<input type="checkbox"/> F1	<input type="checkbox"/> H5	<input type="checkbox"/> R1	<input type="checkbox"/> U
<input type="checkbox"/> A3	<input type="checkbox"/> F2	<input type="checkbox"/> I1	<input type="checkbox"/> R2	<input type="checkbox"/> R4
<input type="checkbox"/> A4	<input type="checkbox"/> H1	<input type="checkbox"/> I2	<input type="checkbox"/> R3 Adult Care	
<input type="checkbox"/> A5	<input type="checkbox"/> H2	<input type="checkbox"/> I3	<input type="checkbox"/> R4	
<input type="checkbox"/> B	<input type="checkbox"/> H3	<input type="checkbox"/> I4	<input type="checkbox"/> S1	

Type of Construction (IBC):

<input type="checkbox"/> IA	<input type="checkbox"/> IB	<input type="checkbox"/> IIA	<input type="checkbox"/> IIB	<input type="checkbox"/> IIIA	<input type="checkbox"/> IIIB	<input type="checkbox"/> IV	<input type="checkbox"/> VA	<input type="checkbox"/> VB
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Description: _____

X. Plot Plan:

