



# Lower Salford Township

379 Main Street Harleysville, PA 19438; phone # 215-256-8087

(For Township Use Only)  
WC:  On File or  Waiver

## Department of Building and Zoning Permit Application **NON-RESIDENTIAL**

No Permit will be issued until all associated permits and approvals are obtained (zoning, highway occupancy, water, sewer, etc.). Please Print Clearly. If the application is eligible to be submitted electronically, email to [permits@lowersalfordtownship.org](mailto:permits@lowersalfordtownship.org). However, you MUST receive a confirmation email from Permits in order for your emailed submission to be accepted. Submissions to any other email addresses will not be accepted. Check with the Township for email eligibility.

### 1. CONTRACTOR REGISTRATION:

\$75.00 per year. Required for all construction projects. See Township application.

### 2. GENERAL INFORMATION:

Address of Proposed Work: \_\_\_\_\_

Located Between: \_\_\_\_\_

&

Zoning District: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Use Category (ICC): \_\_\_\_\_

(For Township Use Only)

**Applicant:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street City State Zip Code

**Property Owner:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street City State Zip Code

**General Contractor:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street City State Zip Code

**Design Professional:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street City State Zip Code

Type of Work:  New Construction  Alteration/Addition  Repair  Replacement  Demo  Other

Describe the Proposed Work: \_\_\_\_\_

Area of Proposed Work: \_\_\_\_\_ Dimensions of Proposed Work: \_\_\_\_\_

(Square Feet) (Length) (Width) (Height)

Electrical Work requires 3<sup>rd</sup> party review. Submission **must** include stamped electrical plans from approved list.

3<sup>rd</sup> Party Company: \_\_\_\_\_

Estimated Cost of Construction for **Entire Project**: \$ \_\_\_\_\_ (Reasonable Fair Market Value)

**Supplemental Information:**

- Plot Plan:** A scaled or dimensioned Plot Plan depicting the size of the lot and the location of existing and proposed improvements as well as the location of any easements or rights-of-way thereon shall accompany each application. **Two (COLLATED AND FOLDED)** sets of Plans and Specifications shall accompany Building Permit Applications.
- COI:** Certificate of insurance for WC or notarized waiver must be attached. Demo projects also require liability insurance.
- Stamped Electrical Plans:** Electrical Work requires 3<sup>rd</sup> party review. Submission **must** include stamped electrical plans.

**3. USE GROUP AND BUILDING TYPE:**

Is this Application a **Change of Use** for an existing structure or facility? Yes No

Existing Building Use Group:

Assembly Group: A1 A2 A3 A4 A5  
 Business Group: B  
 Educational Group: E  
 Factory and Industrial Group: F1 F2  
 High Hazard H1 H2 H3 H4 H5

Institutional Group: I1 I2 I3 I4  
 Mercantile Group: M  
 Residential Group: R1 R2 R3 R4  
 Storage Group: S1 S2  
 Utility and Miscellaneous Group: U

Existing Building Construction Type:

Type I: A B      Type II: A B      Type III: A B      Type IV:       Type V: A B

**Proposed Building Use Group:**

Assembly Group: A1 A2 A3 A4 A5  
 Business Group: B  
 Educational Group: E  
 Factory and Industrial Group: F1 F2  
 High Hazard H1 H2 H3 H4 H5

Institutional Group: I1 I2 I3 I4  
 Mercantile Group: M  
 Residential Group: R1 R2 R3 R4  
 Storage Group: S1 S2  
 Utility and Miscellaneous Group: U

**Proposed Building Construction Type:**

Type I: A B      Type II: A B      Type III: A B      Type IV:       Type V: A B

**4. MISCELLANEOUS:**

Existing Building Dimensions (to exterior of wall): \_\_\_\_\_

		(Length)	(Width)	(Height)
Existing Areas:	Basement _____	1st Fl. _____	2nd Fl. _____	Other: _____
Proposed Areas:	Basement _____	1st Fl. _____	2nd Fl. _____	Other: _____
Total Existing Building Area:	_____ (Square Feet)			
Total Proposed Building Area:	_____ (Square Feet)			

Number of Stories: \_\_\_\_\_

Fire Protection:      Fire Alarm System      Yes      No  
                                  Fire Suppression/Sprinkler      Yes      No

Miscellaneous:      Elevator(s)      Yes      No      (If Yes) Number: \_\_\_\_\_

Water Service:      Well      Public Water

Sanitary Disposal:      On-Site System      Public Sewer

**Floodplain:**

Is the site within an identified flood hazard area? Yes No

Will any portion of the food hazard area be developed? Yes No

*If yes: Owner/Agent shall provide an Elevation Certificate for the property and verify that any proposed construction or development activity complies with the requirements of the National Flood Insurance Program and the PA Floodplain Management Act 166 of 1978, specifically Section 60.3.*

Lowest Floor Elevation: \_\_\_\_\_

**5. ELECTRICAL:**

Type of Work:  New Construction  Alteration/Addition  Repair  Replacement  Other

Miscellaneous:  Generator (Size:\_\_\_\_KW)  Solar Array (Size:\_\_\_\_KW)  Alarm Wiring  Low Voltage

Modular/Mobile Home  Sign  Cell Sites  Other

Electric Service (New) (Size:\_\_\_\_\_Amps)  Electric Service (Replacement) (Size:\_\_\_\_\_Amps)  Temporary Service (Size:\_\_\_\_\_Amps)

Feeders/Subpanels (Size:\_\_\_\_\_Amps)  Vehicle Charging Station (Size:\_\_\_\_\_Amps)

Describe the **Electrical Work**: \_\_\_\_\_

Estimated Cost of Construction for the **Electrical Work**: \$\_\_\_\_\_ (Reasonable Fair Market Value)

**6. MECHANICAL:**

Heating:  New Heating System  Replacement of Existing Heating System  Duct Realignment Only  
BTU Rating of Unit(s) 1. \_\_\_\_\_  
2. \_\_\_\_\_

Type of Heat:  Hot Water  Hot Air

Fuel Type:  Natural Gas  Propane  Electric  Oil  Other \_\_\_\_\_

Cooling:  New Air Conditioning System  Replacement of Existing Air Conditioning System  
BTU Rating of Unit(s) 1. \_\_\_\_\_  
2. \_\_\_\_\_

*(Applicant to provide manufacturers specifications with installation procedures and a copy of the sizing printout for all proposed Units.)*

Describe the **Mechanical Work**: \_\_\_\_\_

Estimated Cost of Construction for the **Mechanical Work**: \$\_\_\_\_\_ (Reasonable Fair Market Value)

**7. PLUMBING:**

**Fixtures:** List all fixtures and number of fixtures to be installed: *(attach additional sheets if necessary)*

Fixture	Location						Material
	Basement	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Size Trap	
Water Closets							
Wash Basins							
Bath Tub							
Shower							
Sink							
Automatic Washer							

Slop Sink							
Laundry Trays							
Floor Drain							
Urinals							
Dishwasher							
Garbage Disposal							
Drinking Fountain							
Outlets							
Waterline Repair/ Replace/New							
Sewer Repair/ Replace							
Sewer Ejectors							
Sewer Grinders							
Water Heater							
<b>Total</b>							

Describe the **Plumbing Work**: \_\_\_\_\_

Estimated Cost of Construction for the **Plumbing Work**: \$ \_\_\_\_\_ (Reasonable Fair Market Value)

*The Applicant/Owner 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 45 - Uniform Construction Code and any approved Building Code requirements adopted by the Township. The property owner and applicant assume the responsibility of locating all property lines, setbacks, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel, or set aside any provision of the Codes or Ordinances of the Township. The applicant certifies that he/she understands all the applicable codes, ordinances, and regulations.*

*Application for a permit shall be made by the Property 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. If the Applicant is not the Property Owner the Applicant shall submit an Agent's Affidavit.*

*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.*

**APPLICANT:**

Signature of Applicant: \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

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

**PROPERTY OWNER:**

Signature of Property Owner: \_\_\_\_\_

Print Name of Property Owner: \_\_\_\_\_

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