

BUILDING PERMIT / ZONING PERMIT

Date: _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT

COUNTY OF BUCKS

MUNICIPALITY OF LOWER SOUTHAMPTON

SITE ADDRESS: _____ TAX PARCEL: 21- _____

LOT#: _____ SUBDIVISION / LAND DEVELOPMENT: _____ PHASE: _____

SECTION: _____

OWNER: _____ PHONE #: _____

MAILING ADDRESS: _____ FAX #: _____

EMAIL: _____

PRINCIPLE or CONTRACTOR: _____ PHONE #: _____

MAILING ADDRESS: _____ FAX #: _____

EMAIL: _____

Insurance expiration date: _____

ARCHITECT: _____ PHONE #: _____

MAILING ADDRESS: _____ FAX #: _____

EMAIL: _____

TYPE OF WORK OR IMPROVEMENT (check one)

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

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

MAXIMUM OCCUPANCY LOAD: _____

MAXIMUM LIVE LOAD: _____

PERMIT MUST BE ACCOMPANIED BY A DETAILED DRAWING OF PROPOSED WORK

BUILDING / SITE CHARACTERISTICS

NUMBER OF OFF STREET PARKING SPACES OUTDOORS: _____ ENCLOSED: _____

(residential) NUMBER OF FULL BEDROOMS: _____ PARTIAL: _____

NUMBER OF RESIDENTIAL DWELLING UNITS: _____ EXISTING, _____ PROPOSED
MECHANICAL: INDICATE TYPE OF HEATING / VENTILATION / AIR CONDITIONING (electric, gas, oil, ect.)

WATER SERVICE: PUBLIC: PRIVATE

SEWER SERVICE: PUBLIC: PRIVATE SEPTIC PERMIT#: _____

DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING:

FIREPLACE(S): NUMBER _____ TYPE OF FUEL: _____ TYPE VENT: _____

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: _____ sq.ft

TOTAL BUILDING AREA: _____ sq.ft AREA OF LARGEST FLOOR: _____ sq.ft

FLOODPLAIN

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 the Municipality.

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.

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.

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 _____

GIVE LOADING FOR WHICH FLOORS ARE DESIGNED _____

GIVE SIZE, LONGEST SPAN, AND DISTANCE BETWEEN CENTERS OF JOISTS, GIRDERS AND RAFTERS.

FLOOR JOISTS

	SIZE	LONGEST SPAN	CENTERS	GIRDERS			
				BRIDGING	SIZE	LONGEST SPAN	CENTERS
1st Floor							
2nd Floor							
3rd 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: SIZES, ECT. _____

GIVE PARTICULARS OF FIRE STOPS (materials, size, ect) _____

EXTERIOR WALLS

MATERIAL OF WHICH WALLS WILL BE CONSTRUCTED _____

GIVE FIRE RESISTANCE RATING OF EXTERIOR WALLS _____

IF WALLS ARE WOOD GIVE THE FOLLOWING, STUDS ARE: _____

SPACED ON _____ CENTERS BRACED WITH _____

AND SHEATHED WITH _____ CORNER POSTS ARE _____

SILL IS _____ AND PLATE IS _____

MISCELLANEOUS

GIVE CLASS OF ROOF COVERING _____

IF SKYLIGHTS ARE TO BE INSTALLED GIVE PARTICULARS: NUMBER, SIZES, MATERIAL, ECT _____

GIVE MATERIAL OF WHICH CHIMNEY, FLUE OR VENT WILL BE COMBUSTED _____

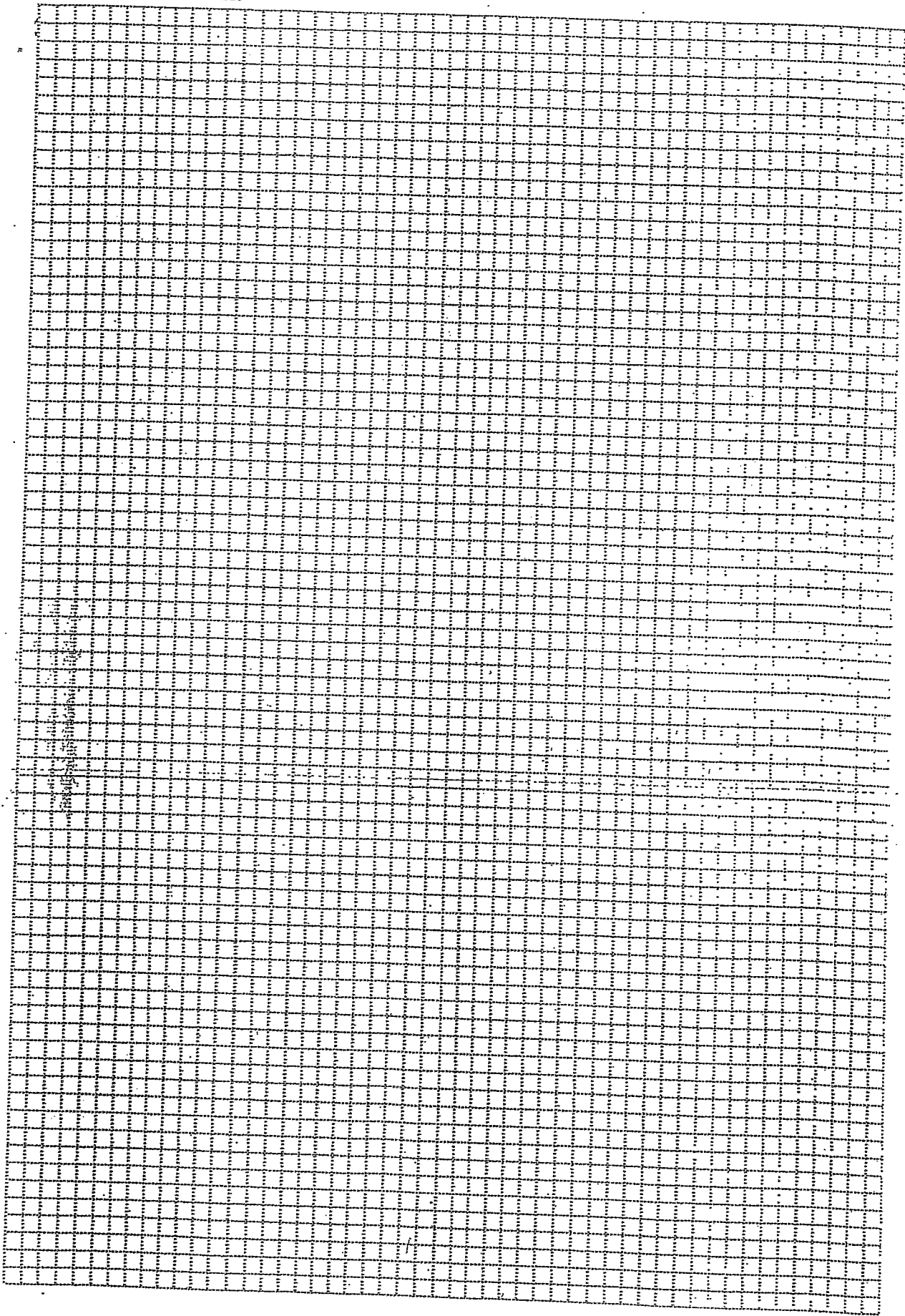
IF FACTORY-BUILT CHIMNEY IS TO BE USED GIVE MANUFACTURER _____

CLEARANCE OF CHIMNEY, FLUE OR VENT FROM COMBUSTIBLE MATERIAL _____

ADDITIONAL REMARKS: _____

SITE OR PLOT PLAN

% of GROUND COVER



Impervious Surface Calculation

Rev 3/12/10

This form must be filled out completely in order for your building permit to be reviewed.

Address: _____

Zoning District _____

R-1 zoning allows a maximum of 20% impervious coverage on your property.

R-2 zoning allows a maximum of 30% impervious coverage on your property.

R-3 zoning allows a maximum of 40% impervious coverage on your property.

Lot Size: _____ sq ft

An impervious surface calculation is required with all building permits. This calculation is part of your submitted site plan.

Site Plan: Using an aerial perspective of your property, DRAW your property (to scale) make sure to include everything that exists on your property and your proposed additional coverage along with their placement and dimensions.

This includes but not limited to: house, shed, and/or auxiliary building, driveway (including stone), walkway, patio (including EP Henry style pavers), concrete pad, in ground pool decking and garage

(Anything water can not pass through)

Impervious Calculation:

Measure: each item on your site plan

Multiply: each item's length and width to acquire the square footage per item

Add: all square footage amounts _____ sq ft of total existing coverage
_____ sq ft of existing + proposed coverage

Divide: existing coverage square footage from the total square footage of your property

Divide: existing + plus proposed coverage square footage from the total square footage of your property

Existing Impervious Coverage _____%

Existing + Proposed Impervious Coverage _____%

If your impervious coverage is over the allowable limit, please consult the Lower Southampton Township's Zoning Officer, Carol Drioli, 215-357-7300 Ext 309 Thank you.

Applicant Signature and Date

STATE OF PENNSYLVANIA
COUNTY OF BUCKS
TOWNSHIP OF LOWER SOUTHAMPTON

AFFIDAVIT

Date: _____

_____ applicant Being duly sworn according to law, this oath deposes
and says: I reside at _____ applicants address I am the (sole, joint, agent for)
owner of the premises known and designated as _____ location in the
Township of Lower Southampton, 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:

_____ homeowner address
and that no other person or persons is the owner of the 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 this jurisdiction.

_____ applicant signature _____ owner signature

Sworn and subscribed before me on this day of _____ date _____ notary signature

VALIDATION

Building permit number: _____ APPROVED BY: _____
Building permit issued: _____
Building permit Fee: \$ _____
_____ title

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.

*Municipality must be a certificate holder, and must be notified of cancellation or expiration of the workers compensation policy. _____ carrier & policy number
_____ expiration date

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

INSPECTIONS REQUIRED

- Footings before concrete is poured
- Damproofing or waterproofing before back filled
- Rough frame, electric, plumbing & HVAC
- Insulation Inspection
- Drywall Inspection before taping
- Final building, electric, plumbing & HVAC
- Slab Inspection

OTHER INSPECTIONS THAT MAY APPLY

- Sewer Lines
- Water Lines
- Fireplaces
- Accessibility requirements

Any special inspections required by chapter 17 of the International Building Code

CHARGES: _____

STATE SUR CHARGE: _____

NOTARY: _____