

\* EFFECTIVE JANUARY 1, 2014 A NON-REFUNDABLE \$40 APPLICATION/REVIEW FEE IS REQUIRED WITH ALL APPLICATIONS IN THE FORM OF CHECK, MONEY ORDER OR EXACT CHANGE. THIS FEE WILL BE APPLIED TO THE PERMIT FEE, IF APPROVED \*

**PERMIT COVER PAGE**

Address where work is being performed \_\_\_\_\_  
\_\_\_\_\_

Is contractor performing work? \_\_\_\_ YES \_\_\_\_ NO. If answered YES than Contractor must provide Proof of Insurance to the Borough

Is property owner performing work? \_\_\_\_ YES \_\_\_\_ NO. If answered YES than property owner must provide Proof of Insurance to the Borough

Contractor/Policyholder Federal or State EIN (if applicable): \_\_\_\_\_

If Applicant is a contractor, Applicant's registration number required by the Pennsylvania Home Improvement and Consumer Protection Act: \_\_\_\_\_.

I certify that the statements made in this Permit Application are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities.

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
Name of Applicant (Printed)

\_\_\_\_\_  
Title of Applicant (if applicable)

Fax certificate to:  
215-361-8393

# BOROUGH OF LANSDALE

## ACCESSIBILITY PERMIT APPLICATION PROCEDURES

**\* 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 (*optional*)
- 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).**

#### 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.

Code Enforcement Office  
One Vine Street  
Lansdale, PA 19446  
P: 215-368-1691 F: 215-361-8393  
[www.lansdale.org](http://www.lansdale.org)



# Borough of Lansdale Accessibility Permit Application

**\*ALL SECTIONS MUST BE COMPLETED FOR PERMIT TO BE PROCESSED\***

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

|                                      |
|--------------------------------------|
| Permit# _____<br>For Office Use Only |
|--------------------------------------|

## I. Property Information

Site Address \_\_\_\_\_ Tax Map Parcel # \_\_\_\_\_

Residential  Commercial  Single Family  Multi-Family  Industrial Lot# \_\_\_\_ Zoning \_\_\_\_

## II. Property Owner:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

## III. Contractor Information: Same as Owner

Company \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

PA License # \_\_\_\_\_

## IV. Applicant: Same as Owner Same as Contractor

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

## V. Description: New Addition Addition

---

---

---

---

---

---

---

---

Est. Start \_\_\_\_/\_\_\_\_/\_\_\_\_ Est. Finish \_\_\_\_/\_\_\_\_/\_\_\_\_ Est. Job Cost \$ \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Contact# \_\_\_\_\_

**VI. Building Info:**

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 \_\_\_\_\_

|  |                        |                       |
|--|------------------------|-----------------------|
| <u>Dimensions:</u>                         |                        |                       |
| Number of Stories: _____                   | Front Setback _____    | Industrial Area _____ |
| Total sq ft of Floor Area: _____           | Rear Setback _____     | Commercial Area _____ |
| Addition Floor Area, sq ft: _____          |                        |                       |
| Alteration Floor Area, sq ft: _____        |                        |                       |
| Total Land Area, sq ft: _____              | Left Setback _____     | Building Area _____   |
| <u>Number of Off Street Parking Spaces</u> | Right Setback _____    | Living Area _____     |
| Enclosed: _____                            | Building Height _____  |                       |
| Outdoors: _____                            |                        | Garages _____         |
| <u>Residential buildings only</u>          |                        | Garage Area _____     |
| No. of bedrooms _____                      | No. of Bathrooms _____ |                       |
| Full _____                                 | Full _____             |                       |
| Partial _____                              | Half _____             | Building Value _____  |

If building is existing, which code requirements will the building comply with? :

- International Existing Building Code  International Building Code (Chapter 34)

Is there an existing basement?  Yes  No

Fire Suppression:  Full  Partial  None

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"/> S1 |
| <input type="checkbox"/> A2 | <input type="checkbox"/> F1 | <input type="checkbox"/> H5 | <input type="checkbox"/> R1            | <input type="checkbox"/> S2 |
| <input type="checkbox"/> A3 | <input type="checkbox"/> F2 | <input type="checkbox"/> I1 | <input type="checkbox"/> R2            | <input type="checkbox"/> U  |
| <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"/> R3            |                             |
| <input type="checkbox"/> B  | <input type="checkbox"/> H3 | <input type="checkbox"/> I4 | <input type="checkbox"/> R4            |                             |

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"/> S1 |
| <input type="checkbox"/> A2 | <input type="checkbox"/> F1 | <input type="checkbox"/> H5 | <input type="checkbox"/> R1            | <input type="checkbox"/> S2 |
| <input type="checkbox"/> A3 | <input type="checkbox"/> F2 | <input type="checkbox"/> I1 | <input type="checkbox"/> R2            | <input type="checkbox"/> U  |
| <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"/> R3            |                             |
| <input type="checkbox"/> B  | <input type="checkbox"/> H3 | <input type="checkbox"/> I4 | <input type="checkbox"/> R4            |                             |

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 |
|-----------------------------|-----------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|

Accessibility Permit & Review Fee     \$150.00