

**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:

- \$330 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:

- \$110 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)

- \$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

#### Plumbing

- \$ 55 Base fee (applied to all applications)
- \$ 25 Per new fixture (new rough-in)
- \$ 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\*\**

- \$335 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)

- \$110 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

- \$110 Base fee (applied to all applications)
- \$ 25 Per fixture with new rough-in
- \$ 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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**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**

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

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 BUILDING PERMIT APPLICATION

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

Permit# _____ For Office Use Only
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### 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:

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

<b>Dimensions:</b>		
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: _____		
<b>Residential buildings only</b>		
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:**

