



MONTGOMERY TOWNSHIP
DEPARTMENT OF PLANNING AND ZONING
 1001 STUMP ROAD, MONTGOMERYVILLE, PA 18936-9605
 Telephone: 215-393-6920 · Fax: 215-855-1498
 www.montgomerytwp.org

CONSTRUCTION WORK APPLICATION

SUBMIT MINIMUM (2) SETS OF PLANS AND CONSTRUCTION DOCUMENTS FOR ALL COMMERCIAL AND NEW RESIDENTIAL PLANS; ALSO, SUBMIT THE PLANS IN PDF FORMAT, INCLUDING SPRINKLER AND FIRE ALARM SYSTEM DESIGN. *A SCANNING FEE OF \$25 MIN or \$10 + \$1/PAGE OF PLAN SET SHALL BE ASSESSED IF PDF FORMAT NOT PROVIDED.*

Is Owner Applicant?

Yes

No

Permit # _____ **Fee \$** _____ **Ck #** _____ **Date** _____

PERMIT TYPE: ___ Building ___ Electrical/Alarm ___ Plumbing ___ HVAC/Mechanical/Sprinkler ___ Other

Description:

PROPERTY INFORMATION (Site address where work is to be performed)

Street Address	City/State/Zip
Tenant / Business Name (Non-Residential Only)	

PROPERTY OWNER INFORMATION

Name	Daytime Phone #
Email Address	Cell Phone #
Street Address	City/State/Zip

CONTRACTOR INFORMATION (ALL CONTRACTORS MUST BE PROPERLY REGISTERED BEFORE PERMIT IS ISSUED)

CONTRACTOR	TWP REG NUMBER	NAME	ADDRESS	DAYTIME PHONE #	Estimated VALUE \$
GENERAL					
ELECTRICAL					
ALARM					
PLUMBING					
HVAC/MECH					
SPRINKLER					
ROOFING					
FOUNDATION					
CARPENTERS					
OTHER					

COMPLETE FOR NEW CONSTRUCTION ONLY

	NO.		SQ. FT. OF
Stories		Basement Area	
Bedrooms		1 st. Floor	
Full Baths		2 nd. Floor	
Partial Baths		3 rd. Floor	
Garage (bays)		Garage Area	
Height Above Grade		Attic	
Fireplaces (Custom)		Deck/Patio	
Fireplace (Factory)		Rear Porch/Sunroom/Breakfast Nook	
TOTAL CONTRACT VALUE \$		TOTAL SQ. FT.	

BUILDING PERMIT

PROPOSED GENERAL CONSTRUCTION WORK

<input type="checkbox"/> ADDITION	<input type="checkbox"/> GENERATOR	<input type="checkbox"/> ROOF OVER FRONT PORCH
<input type="checkbox"/> BASEMENT RENOVATION (Bedroom requires 2 nd means of egress)		<input type="checkbox"/> SHED
<input type="checkbox"/> BATHROOM RENOVATION	<input type="checkbox"/> INTERIOR ALTERATION	<input type="checkbox"/> SOLAR
<input type="checkbox"/> DECK	<input type="checkbox"/> KITCHEN RENOVATION	<input type="checkbox"/> SUNROOM / ENCLOSED REAR PORCH
<input type="checkbox"/> DECK WITH ROOF	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TENANT FIT-OUT
<input type="checkbox"/> FENCE	<input type="checkbox"/> PATIO	<input type="checkbox"/> WALKWAY
<input type="checkbox"/> FENCE CROSSING EASEMENT	<input type="checkbox"/> PATIO WITH ROOF	<input type="checkbox"/> OTHER

NOTE: Manual J Heat Load Calculations - required for all new construction or new living space if using existing heat system

FRAMING: _____ Steel _____ Masonry _____ Concrete _____ Wood _____ Other _____

DETAILED DESCRIPTION OF WORK:

Construction Type: <input type="checkbox"/> NonResidential <input type="checkbox"/> Residential	CONTRACT VALUE FOR GENERAL CONSTRUCTION (EXCLUDING: ELEC, PLUMB, HVAC/SPR) \$	Sq. Ft. of Total Project
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ELECTRICAL (2 PLAN SETS) and/or FIRE / SPRINKLER ALARM (3 PLAN SETS)

**Plans must be approved by one of our approved
Third-Party Inspection Companies (listed below) prior to issuance of permit.**

Total Service _____ Amps	No. of Circuits ___ 2-Wire ___ 3-Wire ___ 4-Wire	No. of Services Outlets _____ 110V _____ 220V
New Service _____ Amps	Upgrade Service _____ Amps	Low Voltage / CATV / Alarm Wiring _____

DESCRIPTION OF WORK:

ELECTRIC NOTE: APPLICANT IS RESPONSIBLE TO CONTRACT WITH A THIRD-PARTY INSPECTOR:

APPROVED THIRD PARTY ELECTRICAL INSPECTION CO. TO BE USED FOR PROJECT: (check one)

- | | |
|---|---|
| <input type="checkbox"/> Bureau Veritas North America (former Atlantic Inland) – (877) 392-9445 | <input type="checkbox"/> Code Inspections Inc. – (215) 672-9400 |
| <input type="checkbox"/> Middle Atlantic Electrical Inspections – (215) 322-2626 | <input type="checkbox"/> Middle Department Inspection Agency – (610) 696-3900 |
| <input type="checkbox"/> Municipal Inspection Corp – (215) 673-4434 | <input type="checkbox"/> United Inspection Agency – (215) 542-9977 |

TOTAL ELECTRIC CONTRACT VALUE \$

TOTAL ALARM CONTRACT VALUE \$

HVAC / MECHANICAL WORK (2-PLAN SETS) and/or SPRINKLER (3-PLAN SETS)

Residential System (check one) : <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Removal	Commercial System (check one) : <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Removal
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PROPOSED WORK

<input type="checkbox"/> Above ground Tank _____ gallons	<input type="checkbox"/> Coil Unit	<input type="checkbox"/> Sprinkler System – Alteration
<input type="checkbox"/> AC Compressor	<input type="checkbox"/> Electric Furnace	<input type="checkbox"/> Sprinkler System – New
<input type="checkbox"/> Air Cleaner	<input type="checkbox"/> Exhaust Hood	<input type="checkbox"/> Stand Pipe
<input type="checkbox"/> Air Handling	<input type="checkbox"/> Extension of existing supply/return ducts only	<input type="checkbox"/> Stove – Wood/Coal/Pellet
<input type="checkbox"/> Alarm System – Alteration	<input type="checkbox"/> Indoor/Outdoor Fireplace or insert	<input type="checkbox"/> Underground Tank _____ gallons
<input type="checkbox"/> Alarm System – New	<input type="checkbox"/> Forced Air Unit	<input type="checkbox"/> Underground Tank Removal _____ gal
<input type="checkbox"/> Ansul System	<input type="checkbox"/> Gas/Oil Conversion Unit	<input type="checkbox"/> Emergency Generators
<input type="checkbox"/> Boiler	<input type="checkbox"/> Roof Top Unit	<input type="checkbox"/>

DESCRIPTION OF WORK:

TOTAL HVAC / MECHANICAL CONTRACT VALUE \$

TOTAL SPRINKLER CONTRACT VALUE \$

#SPRINKLER HEADS:

BUILDING PERMIT

PLUMBING WORK

**ENTER THE NUMBER OF FIXTURES BEING INSTALLED OR REPLACED
PROVIDE RISER DIAGRAM ON BACK OR SEPARATE SHEET**

FIXTURES:	QUANTITIES:				
	Bsmt	1 st flr	2 nd flr	3 rd flr	4 th OR ABOVE
Bath / Tubs / Showers					
Dishwashers					
Drinking fountains					
Ejector pumps					
Floor drains / Floor sinks					
Garbage Disposal / Grease trap / Interceptors					
Irrigation System					
Water heaters (expansion tank required)					
Washing Machine/ Hose Bib					
Sinks / Mop Sinks					
Urinals / Water Closets					
Water Service Line - Interior Water-Sewer Line					
Water Softener					
Other:					
TOTAL PLUMBING CONTRACT VALUE \$	TOTAL # FIXTURES:				

BVD METHOD - NEW RESIDENTIAL OR NON-RESIDENTIAL CONSTRUCTION ONLY

Type of Construction	+	Use Group	=	BVD cost	x	Square Feet	x	Permit Fee Multiplier	=	Permit Fee
_____	+	_____	=	\$ _____	x	_____	x	.0085	=	\$ _____
Fee Excludes – Sprinkler and Alarm systems		(Non-Residential - Copy of signed contracts for all trades must be provided)								

NOTE: PERMIT SUBMISSION DOES NOT GRANT “APPROVAL” TO START WORK.

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit. I understand that the issuance of the permit creates no legal liability, express or implied, on Montgomery Township; and certify that all the above information is accurate. A permit issued is subject to Section 105.4 of the IRC and the IBC, as amended. Permit expires if work is not started in 6 months, not completed in 12 months, or if work is discontinued for 6 months in the judgment of the Township. The Building Inspector, or the Inspector's authorized agent, is authorized to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the proposed work. Failure to comply with the above will result in a STOP WORK order. The Township reserves the right to request a copy of all contracts for work performed.

Owner/Auth. Agent Signature:	Date

FOR OFFICE USE ONLY:

TYPE	PERMIT FEE	TYPE	PERMIT FEE
ALARM		DECK / PATIO - OPEN	
BUILDING		DECK / PATIO – with ROOF	
ELECTRICAL		FENCE	
HVAC / MECHANICAL		SHED	
PLUMBING		PARK & REC FEE ?	
ROOF		OTHER	
SPRINKLER		PA STATE / ACT 13	\$ 4.50
USE & OCCUPANCY		SCANNING FEE (\$25 min or 10 + \$1/page of plan set)	
ZONING		STORMWATER MANAGEMENT FEE	
CURB ESCROW (IF APPLICABLE)	\$1200.00	TOTAL PERMIT FEE	
CURB ESCROW CHECK#		CHECK#	

ZONING OFFICIAL

DATE

BUILDING INSPECTOR

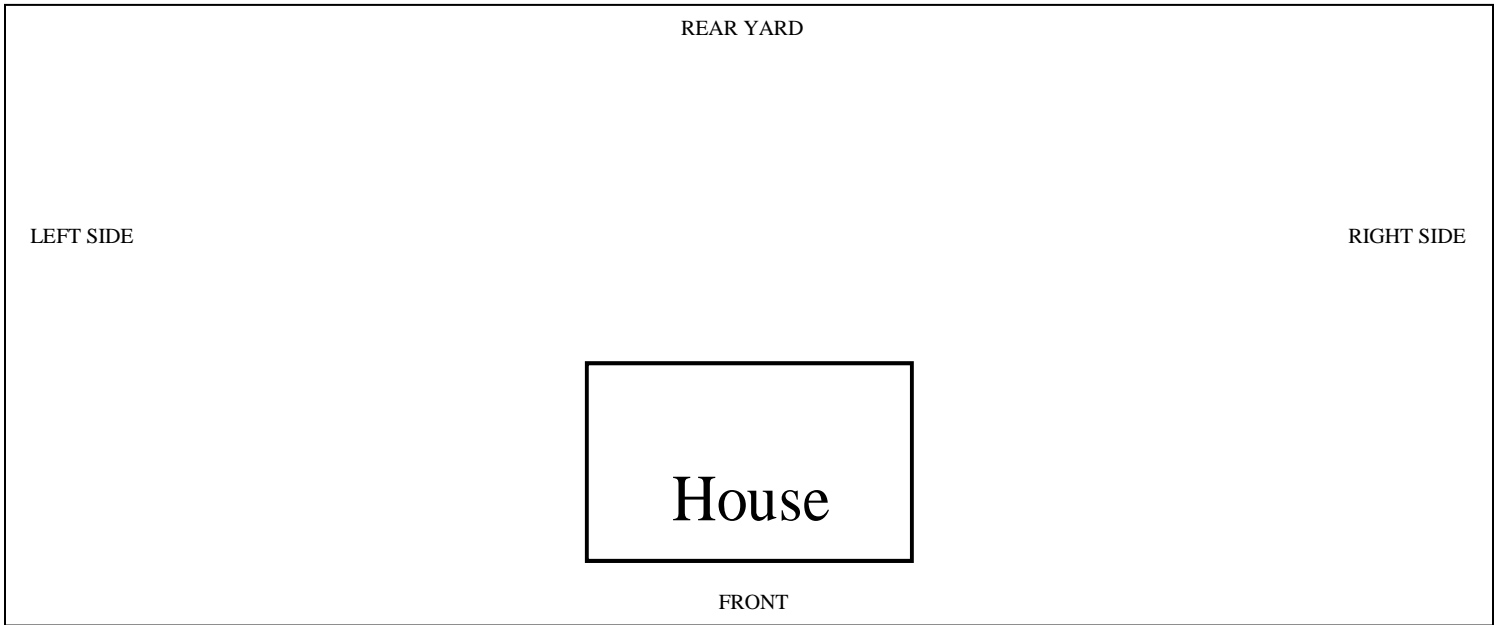
DATE

BUILDING PERMIT

PROVIDE a SKETCH for the LOCATION of the PROPOSED STRUCTURE:

FOR NEW CONSTRUCTION, ADDITION, DECK, PATIO, SUNROOM, GARAGE, SHED, DRIVEWAY, FENCE, ETC...

**A SITE PLAN SHOWING LOT LINES, EXISTING AND PROPOSED STRUCTURES WITH DIMENSIONS, EASEMENTS, AND PROPOSED SETBACKS FROM LOT LINES MUST BE SUBMITTED. IT IS RECOMMENDED THAT AN "AS-BUILT" SITE PLAN BE USED IF POSSIBLE. IN MOST CASES, ONE CAN BE OBTAINED FROM THE PLANNING OFFICE. IF SITE PLAN IS NOT AVAILABLE, PLEASE USE THE SITE BELOW.



ZONING CONFORMITY INFORMATION

Impervious Coverage Calculations are Required for all Exterior Work

House Size (with attached garage) Footprint (sq. ft.)	Pool & Decking (exclude water area) (sq. ft.)
Driveway (sq. ft.)	Detached Garage (sq. ft.)
Walkway (sq. ft.)	Shed (sq. ft.)
Concrete/Stone/Pavers Patio area (sq. ft.)	Proposed New Work (sq. ft.)
A. Total impervious coverage area (existing and proposed) sq. ft. =	
B. Lot Size (sq. ft.)	(A divided by B) % Coverage Impervious =
R-1 Residential/Cluster 30%	R-3B Residential
R-1 Historical Overlay 40%	Single Family Estate lots 45%
R-1 Residential Open Space 35%	Single Family Village lots 55%
Design Overlay	Single Family detached fee simple lots 65%
R-2 Residential 30%	R-5 Residential 40%
R-2 Cluster/Historical 40%	R-6 Golf Course
R-3 / R-3A Twin/Townhouse 80%	Single Family Detached 50%
MHP Mobile Home Park 35%	Single Family Attached 70%
	Patio Homes 80%

***** IMPERVIOUS SURFACE – INCAPABLE OF BEING PENETRATED BY WATER (HOUSE, DRIVEWAY, WALKWAY, PATIO, SHED, etc)**

Plot plan of lot may be available in the Planning and Zoning Department

SETBACK INFORMATION: (The distance from the property line to the proposed structure)

Front Yard Setback	Rear Yard Setback	Side Yard Setback (R)	Side Yard Setback (L)
Building Height	Crossing Easement? Yes ____ No ____		