



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

BUILDING PERMIT APPLICATION

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

APPLICANT INFORMATION (Contact for plan reviews and permit correspondence)

Name / Business Name	
Email Address	Phone#
Street Address	City/State/Zip

PERMIT TO BE PICKED UP OR MAILED TO APPLICANT? ☐ **PICK UP** ☐ **MAIL**

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					

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

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 ALARM (2 PLAN SETS)

**Electrical plans must be approved by one of our approved
Third-Party Inspection Companies (listed below) prior to issuance of permit.
(Fire Alarm Plans do not require Third Party approval)**

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"/> Middle Atlantic Electrical Inspections – (215) 322-2626 <input type="checkbox"/> Municipal Inspection Corp – (215) 673-4434	<input type="checkbox"/> Code Inspections Inc. – (215) 672-9400 <input type="checkbox"/> Middle Department Inspection Agency – (610) 696-3900 <input type="checkbox"/> United Inspection Agency – (215) 542-9977
TOTAL ELECTRIC CONTRACT VALUE \$	
TOTAL FIRE ALARM CONTRACT VALUE \$	

HVAC / MECHANICAL WORK (2 PLAN SETS) and/or SPRINKLER (2 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	
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"/> Ansul System – Alteration	<input type="checkbox"/> Indoor/Outdoor Fireplace or insert	<input type="checkbox"/> Underground Tank _____ gallons
<input type="checkbox"/> Ansul System – New	<input type="checkbox"/> Forced Air Unit	<input type="checkbox"/> Underground Tank Removal _____ gal
<input type="checkbox"/> Boiler	<input type="checkbox"/> Gas/Oil Conversion Unit	<input type="checkbox"/> Emergency Generators
<input type="checkbox"/>	<input type="checkbox"/> Roof Top Unit	<input type="checkbox"/>
DESCRIPTION OF WORK:		
TOTAL HVAC / MECHANICAL CONTRACT VALUE \$		
TOTAL SPRINKLER CONTRACT VALUE \$		#SPRINKLER HEADS:

PLUMBING WORK ENTER THE NUMBER OF FIXTURES BEING INSTALLED OR REPLACED**PROVIDE RISER DIAGRAM**

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 / Toilets					
Water Service Line - Interior Water-Sewer Line					
Water Softener					
Other:					
TOTAL PLUMBING CONTRACT VALUE \$			TOTAL # FIXTURES:		

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/Applicant Signature:**Date****FOR OFFICE USE ONLY:**

TYPE	PERMIT FEE	TYPE	PERMIT FEE
BUILDING		DECK / PATIO - OPEN	
ELECTRICAL		DECK / PATIO - with ROOF	
FIRE ALARM		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)	\$2000.00	TOTAL PERMIT FEE	
CURB ESCROW CHECK#		CHECK#	

ZONING OFFICIAL**DATE****BUILDING INSPECTOR****DATE**

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.

REAR YARD		
LEFT SIDE		RIGHT SIDE
<div style="border: 2px solid black; width: 200px; height: 80px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"><div style="font-size: 2em; font-weight: bold;">House</div></div>		
FRONT		

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

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

Impervious Surface / Coverage Calculations:

House (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)**