



UPPER MACUNGIE TOWNSHIP

8330 Schantz Road
Breinigsville, PA 18031

p 610.395.4892

f 610.395.9355

UpperMac.org

BLASTING PERMIT APPLICATION & INSTRUCTIONS

Two (2) copies of construction documents shall be submitted with the Blasting Permit application showing compliance with the International Fire Code (IFC) 2021, International Building Code (IBC) 2021 and NFPA standards.

Documentation:

1. Two (2) copies of a site plan drawn to scale indicating the following:
 - a. Blasting Areas
 - b. Any structures and their distances from the blasting site
 - c. Nearby roads or railways
 - d. Location and distances from any utilities
2. Description of storage arrangements of explosives, amount of storage and method of detonation.
3. Description of the blaster, name, experience, business address, phone number and email address for the blaster.
4. Certificate of insurance, listing Upper Macungie Township as a Certificate Holder, with a minimum value of \$1 million dollars per occurrence.

General: Blasting operations shall be conducted only by approved, competent operators familiar with the required safety precautions and the hazards involved and in accordance with the provisions of NFPA 495.

Manufacturer's Instructions: Blasting operations shall be performed in accordance with the instructions of the manufacturer of the explosive materials being used.

Blasting in Congested Areas: When blasting is done in a congested area or in close proximity to a structure, railway or highway, or any other installation, precautions shall be taken to minimize earth vibrations and air blast effects. Blasting mats or other protective means shall be used to prevent fragments from being thrown.

Restricted Hours: Surface-blasting operations shall only be conducted during daylight hours. Other blasting shall be performed during daylight hours unless otherwise approved by the Director of the Bureau of Fire or designee.

Utility Notification: Whenever blasting is being conducted in the vicinity of utility lines or right-of-ways, the blaster shall notify the appropriate representatives of the utilities at least 24 hours in advance of blasting; specifying the location and intended time of such blasting. Verbal notices shall be confirmed with written notices.

Exception: In an emergency situation, the time limit shall not apply when approved.

Electric Detonator Precautions: Precautions shall be taken to prevent accidental discharge of electric detonators from currents induced by radar and radio transmitters, lightening, adjacent power lines, dust and snow storms, or other sources of extraneous electricity.

Nonelectric Detonator Precautions: Precautions shall be taken to prevent accidental initiation of nonelectric detonators from stray currents induced by lightening or static electricity.

Blasting Area Security: During the time that holes are being loaded or are loaded with explosive materials, blasting agents or detonators, only authorized persons engaged in drilling and loading operations or otherwise authorized to enter the site shall be allowed at the blast site. The blast site shall be guarded or barricaded and posted. Blast site security shall be maintained until after the post-blast inspection has been completed.

Drill Holes: Holes drilled for the loading of explosive charges shall be made and loaded in accordance with NFPA 495.

Removal of Excess Explosive Materials: After loading for a blast is completed and before firing, excess explosive materials shall be removed from the area and returned to the proper storage facilities.

Initiation Means: The initiation of blasts shall be by means conforming to the provisions of NFPA 495.

Connections: The blaster shall supervise the connecting of the blastholes and the connection for the loadline to the power source or initiation point. Connections shall be made progressively from the blasthole back to the initiation point.

Firing Control: No blast shall be fired until the blaster has made certain that all surplus explosive materials are in a safe place in accordance with Section 3307.10 of the IBC, all persons and equipment are at a safe distance or under sufficient cover, and that an adequate warning signal has been given.

Post-Blast Procedures: After the blast, the following procedures shall be observed:

1. No personal shall return to the blast area until allowed to do so by the blaster in charge.
2. The blaster shall allow sufficient time for smoke and fumes to dissipate and for dust to settle before returning to or approaching the blast area.
3. The blaster shall inspect the entire blast site for misfires before allowing other personnel to return to the blast area.

Misfires: Where a misfire is suspected, all initiating circuits shall be traced and search made for unexploded charges. Where a misfire is found, the blaster shall provide proper safeguards for excluding all personnel from the blast area. Misfires shall be reported to the blasting supervisor immediately. Misfires shall be handled under the direction of the person in charge of the blasting operation in accordance with NFPA 495.



UPPER MACUNGIE TOWNSHIP

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Provide certificates of insurance for ALL CONTRACTORS listed and PA Contractors License Numbers when applicable. Include PPL Job Number, provide descriptions of work on application and include telephone numbers. Follow **APPLICANT INSTRUCTIONS**.

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete Part 6. If plumbing work, complete Part 7. If mechanical work, complete Part 8. For other permits (Grading Permits), complete Part 9. Attach Site Plans and Project Narratives.

Application Date: / /	Permit Type: ☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Other (See item 9)	Is Owner the Applicant? ☐ Yes ☐ No
------------------------------	---	---

1. PROPERTY INFORMATION

Street Address	Apt. #	Zip Code	PIN Number	Zoning District
Subdivision	Phase	Lot Number	Parcel Type ☐ Residential ☐ Commercial	☐ Industrial ☐ Other

2. OWNER INFORMATION ☐ SAME AS ABOVE

First Name	Last name or Business Name	Phone/Email
Street Address	City	State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	STREET ADDRESS	CITY	STATE	PHONE NUMBER
Applicant (not owner)					
Architect/Engineer					
General Contractor					
Excavation					
Concrete					
Carpentry					
Electrical					
Plumbing					
Sewer					
Mechanical					
Drywall					
Sprinkler					
Paving					
Fire Alarm					
Other					

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the responsible jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official'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.

SIGNATURE OF APPLICANT

ADDRESS

PHONE/E-MAIL

RESPONSIBLE PERSON IN CHARGE OF WORK

TITLE

PHONE/E-MAIL

SIGNATURE OF PROPERTY OWNER (IF NOT APPLICANT)

5. BUILDING PERMIT APPLICATION

Application For: ☐ New Building ☐ Addition ☐ Alteration ☐ Repair/Replacement ☐ Demolition ☐ Foundation Only ☐ Accessory Building ☐ Temporary Building ☐ Parking Lot ☐ Grading Only ☐ Electrical ☐ Plumbing ☐ Mechanical	Proposed Use: ☐ One Family ☐ Two Family ☐ Townhome ☐ Multi-Family ☐ Place of Assembly ☐ Business (Office) ☐ Educational ☐ Factory or Industrial ☐ Warehouse/Distribution ☐ Institutional ☐ High Hazard ☐ Mercantile (Store)	Construction Type: Structural Frame: ☐ Steel ☐ Masonry ☐ Concrete ☐ Wood ☐ Other Exterior Walls: ☐ Steel ☐ Masonry ☐ Concrete ☐ Wood ☐ Other	Structure Information: Int. Floorspace _____ sq. ft. No. of Units _____ # of Bedrooms _____ # of Stories _____ Building Height _____ ft Gross Area * _____ sq. ft. * Include basement, garage, porch and decks (1st and 2nd floor) Lot Sq. Ft. _____ sq. ft. Bldg Sq. Ft. _____ sq. ft. % Bldg Coverage _____ sq. ft. Est. Start Date _____ Est. Finish Date _____ Construction Cost \$ _____ PA ONE CALL # _____ Date _____
Detailed Description of Proposed Work: _____ _____ _____			

6. ELECTRICAL PERMIT APPLICATION

Electrical Work ☐ Yes ☐ No				Total Service: _____ amps.			
# of Circuits: _____ 2 wire _____ 3 wire _____ 4 wire				Number of Service Outlets: _____ 120 V			
PPL # _____				_____ 240 V			

	Power Devices	No.	Output/Load		Power Devices	No.	Output/Load
1				7			
2				8			
3				9			
4				10			
5							
6				Total Number of Motors			

Utility Service Revisions: _____ _____			
Est. Start _____	Est. Finish _____	Electrical Work _____	
		Est. Value \$ _____	

7. PLUMBING PERMIT APPLICATION

Plumbing Work ☐ Yes ☐ No							
Enter the Number of Fixture Being Installed, Replaced or Repaired							
Tubs/Shower		Laundry Tubs		Sump Pumps		Inside Downspouts	
Shower Stalls		Dishwashers		Grease Traps		Swimming Pools	
Lavatories		Garbage Disposals		Bidets		Standpipes	No. of Outlets
Toilets		Drinking Fountains		Back Flow Preventers		Fire Sprinklers	No. of Heads
Urinals		Floor Drains		Water Pumps		Lawn Sprinklers	No. of Heads
Sinks		Water Softeners		Roof Openings			
Water Heaters		Sewage Ejectors		Parking Lot Drains			
						Total Fixtures:	
Public Water (Y/N)		Public Sewer (Y/N):		Water Service Size (in.):		Water Meter Size (GPD):	
Utility Service Revisions: _____ _____							
Est. Start _____		Est. Finish _____		Plumbing Work _____			
				Est. Value \$ _____			

8. MECHANICAL PERMIT APPLICATION

Mechanical Work ☐ Yes ☐ No		Total Service: _____ amps.	
Enter the Number of New or Replacement Units			
Forced Air Furnace		Incinerator	
Unit Heater		Boiler/Water Heater	
Gas/Oil Conversion		Coil Unit	
Space Heater		Window A/C Unit	
Gravity Furnace		Split System A/C	
Solid Fuel Appliance		A/C Compressor	
Air Handling Unit			
Heat Pump			
Air Cleaner			
Kitchen Exhaust Hood			
Hazardous Exhaust System			
Electric Furnace			
Type of Heating Fuel (check one)			
☐ Gas ☐ Oil ☐ Electric ☐ Coal ☐ Wood ☐ Other _____			
Utility Service Revisions: _____			
Est. Start _____		Est. Finish _____	
		Mechanical Work	
		Est. Value \$ _____	

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type: _____		
Description of Work: _____		
Est. Start _____	Est. Finish _____	Est. Value \$ _____

10. FEES AND APPROVALS

Approval:	REVIEWER	N/A	DENIAL	DATE	Fees:
☐ PLANNING	_____	☐	☐	_____	☐ Building Permit \$ _____
☐ ZONING	_____	☐	☐	_____	☐ Electrical Permit \$ _____
☐ BUILDING	_____	☐	☐	_____	☐ Plumbing Permit \$ _____
☐ ELECTRIC	_____	☐	☐	_____	☐ Mechanical Permit \$ _____
☐ PLUMBING	_____	☐	☐	_____	☐ Plan Review \$ _____
☐ MECHANICAL	_____	☐	☐	_____	☐ Administration (25%) \$ _____
☐ FIRE	_____	☐	☐	_____	☐ Re-Review Fee \$ _____
					☐ Re-Review Admin Fee \$ _____
☐ Sewer Allocation Fee:	\$ _____	-			☐ PA Act 157 Fee \$ _____ 4.50
☐ Sewer Tapping Fee:	\$ _____	-			☐ Other \$ _____
☐ Other: _____	\$ _____	-			Total \$ _____
	\$ _____	-			

Approval Conditions:	U.C.CONSTRUCTION TYPE: _____	USE CLASSIFICATION: _____	OCCUPANT LOAD: _____

PERMIT ISSUED BY: _____	TITLE: _____	DATE: _____
If not picked up by the Applicant, Building Permit expires one-hundred and eighty (180) days after approval.		

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

INSURANCE COVERAGE REQUIRED:

All Contractors performing work in Upper Macungie Township must have proof of insurance to include general liability and workers' compensation coverage.

If your policy does not include workers' compensation coverage, we will need the township's waiver form completed and notarized, the form can be notarized at Upper Macungie Township. You will need a valid form of Identification (such as driver's license). This form can be found in the licensing link on the website. This form should be included with your general liability certificate.

Upper Macungie Township must be listed as certificate holder.

Please forward a copy of your certificate to:

Upper Macungie Township

8330 Schantz Road

Breinigsville, PA 18031

Fax to 610-395-9355

Email: Tantonelli@uppermac.org or Sharons@uppermac.org

If you have any questions, please contact me at 610-395-4892 Extension 125.

Thank you,

Upper Macungie Township

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

WORKERS' COMPENSATION INSURANCE COVERAGE CONTRACTORS IN ACCORDANCE WITH PA WORKERS' COMPENSATION REFORM ACT 44

Exemption:

Complete if the Applicant is a contractor claiming exemption from providing Worker Compensation Insurance.

The undersigned swears or affirms that he / she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

- **Contractor with No Employees** - Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless Contractor provides proof of insurance to Upper Macungie Township.
- **Religious Exemption** under the Workers' Compensation Law.

Print Company Name

Subscribed and sworn before me this
__ day of _____ 20 _____

Print Applicant Name

Signature of Notary Public

My Commission Expires: _____

Address

(Seal)

City/State/Zip Code

County/Municipality

Signature of Applicant