



UPPER MACUNGIE TOWNSHIP

8330 Schantz Road
Breinigsville, PA 18031

p 610.395.4892

f 610.395.9355

UpperMac.org

Deck Permit Submittal Guide

Deck installations shall conform to the 2021 International Residential Code including Section R507. A companion document, the Design for Code Acceptance 6, DCA6, provides additional details to help meet deck code approval and is available online at www.awc-dca62021-deckguide-1804.pdf.

Deck permit submittals shall include the following design information:

☐ Plot Plan

1 – Provide a plot plan showing the deck structure size and location on the site with dimensions to the property lines

☐ Deck Design Plan

2 – Provide a top-down structural drawing of all deck components, joists, beams, angle bracing, sizes, spans, lateral load locations with footing locations, sizes, and depths. 2a – Provide side view plans as necessary to fully explain your design.

2b – The size of the proposed deck structure with the deck length, width, and height above grade.

2c – Provide locations and measurements for deck, stair or landing locations requiring tempered glazing with all details. See 2018 IRC Section R308.

2d – Provide the location of each emergency escape and rescue opening or basement egress opening with measurements to confirm the new deck structure will not reduce the required access, height to the yard or path to safety. See R310.

☐ Ledger

3 – Provide the size of the ledger member

3a – Ledger fastener type

3b – Ledger fastener pattern

3c – Flashing type, [compatible with the wood preservative]

3d – Lateral load connector manufacturer and model number

3e – Lateral load connector type and location: 2 threaded rod type @1500lbs each or 4 structural angle style at 750 lbs. each for each ledger

☐ Joist

4 – Joist size and span with the length of a cantilever if applicable.

4a – Joist cantilevers shall not exceed the lesser of: ¼ of the joist span or the maximum length listed in Table R507.6.

- 4b – Hanger size at ledger
- 4c – Method of connection of the joists to the beam.

☐ **Beam**

- 5 – Beam size, span and cantilever if applicable.
- 5a – Beams shall be allowed to cantilever at each end up to $\frac{1}{4}$ of the allowable beam span.
- 5b – Method of connection of the beam to the support posts.

☐ **Vertical Support Posts**

- 6 – Support post size and height. See Table R507.4.
- 6a - Support post base hardware,
- 6B – Support post top to beam connections. See 5b above.

☐ **Deck Footings**

- 7 – Footing sizes shall meet Table R507.3.1.
- 7a – Frost depth is a minimum of 36” in this jurisdiction.

☐ **Stair & Landing Footings** [Required for frost protected structures]

- 8 – Stair & landing footings shall meet Table R507.3.1

☐ **Stair Design & Graspable Stair Railing, See Section R311**

- 9 – Stair details. Maximum Riser 8 $\frac{1}{4}$ ”, Minimum Tread 9”
- 9a – A graspable handrail is required
- 9b - Stair illumination is required. See Section R303.8.

☐ **Guards. See Section R312**

- 10 - Guards shall not allow the passage of a 4” sphere
- 10a – Guards at the sides of the stairs shall not allow passage of a 4 $\frac{3}{8}$ ” sphere, 10b – The triangular area where the tread, riser and underside of stair guard meet shall not allow passage of a 6” sphere
- 10c – Guards shall be at least 36 inches high from the standing surface.

☐ **Fasteners & Connections See R317.3 & R507.**

- 11 – Carriage bolts are no longer accepted for ledger, deck post or post to beam connections.
- 11a – Post to beam connections shall meet Figure 507.5.1 or Figure R507.5.2.
- 11b – Screws are not accepted for structural connections without permit review and approval with all documentation.



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Deck Project Data

Date _____

Code__2021 IRC/DCA6__

Address:_____

Deck Size: Length____X Width____ Height Above Grade____ at yard, Total Area _____

Joist#1: _2_ X____, @____" On Center, Span _____, Cantilever_____

Joist#1: _2_ X____, @____" On Center, Span _____, Cantilever_____

Beam #1: _2_ / _2_ X____, Span____, Cantilever _____

Beam#2: _2_ / _2_ X____, Span____, Cantilever _____

Post____" X____", Height_____

Deck Footing:_____diameter X _36"____deep, Thickness____, Area _____

Stair Footing:_____diameter X _36"____deep, Thickness____, Area _____



Request for PA UCC Deck Building Permit Exemption

Permits are required for all accessory structures in Upper Macungie Township. Zoning approval for a structure is the first part of the building permit process. A building permit is required for a deck unless eligible for an exemption under Section 403.62.C.8 of the PA UCC, [Act 45 of 1999].

You may be entitled to an exemption from the permit and inspection requirements of the PA UCC if certain criteria listed below is met. To request a Building Permit Exemption under the PA UCC, simply complete this form and attach it to the completed Zoning Permit application.

The plans examiner/Building Code Official will review this exemption request and if approved, a building permit will not be issued and building inspections will not be performed under the PA UCC. The zoning officer will review the application for zoning compliance only and issue a zoning permit.

All 4 must apply to qualify for the exemption:

- The deck floor is not more than 30 inches above grade at any point.
- The deck is uncovered (If roof is proposed anytime in the future, new footers will be required).
- The 30-inch vertical height above grade includes measurements at any point extending 36 inches horizontally from the perimeter of the deck.
- The deck must be 200 square feet or less in size.

Property Address: _____

Owner Name (Print): _____

Owner Signature: _____

Note: By signing this form, the owner is aware that future changes to the Deck such as installing a roof, sunroom, hot tub or similar modifications will be subject to the PA UCC. As this deck will not be inspected or evaluated under the PA UCC, the deck will need substantial upgrades in order to support those changes.

(FOR OFFICE USE ONLY)

The Building Code Official has reviewed this request for an exemption.

☐ Approved _____

☐ Denied _____

----- BCO
Building Code Official (or designee)

Reasons for denial: _____



UPPER MACUNGIE TOWNSHIP
8330 Schantz Rd
Breinigsville, PA 18032

(610) 395 - 4892

FAX (610) 395 - 9355

AS-BUILT (SITE PLAN) REQUEST

Date of Request: _____

Name of Requester: _____

Property Address: _____

Phone Number: _____

E-mail Address: _____

For Official Use ONLY

Date Received: _____ Permit # _____

Date Applicant Notified for Pick-Up: _____



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
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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/Showers		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.		



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**** Important Notice to Property Owners ****

The following items contain important information which you can use to protect your property and wallet!

1. Permits and inspections are required for all work completed under the Pennsylvania Uniform Construction Code (UCC) & Township Ordinance. This includes all structural, electrical, plumbing, HVAC and other work. Inspections by our UCC certified inspectors are needed to ensure work being conducted on your property is safe and up to the minimum state & local standards.
2. All work completed on a property is the ultimate legal responsibility of the property owner. Projects completed without permits & inspections, or without permits properly being closed out, can lead to enforcement & violation actions being taken against the property owner.
3. The Township recommends that you withhold final payment for the work completed on your property until you verify that a Certificate of Completion has been issued.
4. Township staff is here to help! Please contact us directly with any questions or concerns about the permit process.

By signing below, you acknowledge reading this document and that you are giving permission for your contractor to submit permit applications on your behalf (if applicable):

Signature

Date

Address: _____

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

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BREINIGSVILLE, PA 18031



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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