



UPPER MACUNGIE TOWNSHIP

Residential Generator / Optional Standby System Submittal Guide

All work shall meet the requirements of the 2021 International Residential Code and the 2017 National Electrical Code including Sections 445 & 702.

Please utilize the checklist below before submitting an application:

- ☐ Provide a scope of work explaining all work to be performed.
- ☐ Provide a plot plan showing all equipment locations.
- ☐ Provide a one-line diagram detailing all electrical data, grounding, conductor, raceway, disconnecting means, equipment sizing & etc.
- ☐ Confirm correct workspace for the generator, transfer switch & all other associated equipment.
- ☐ Provide all necessary measurements & manufacturer's installation instructions confirming the correct location of the generator and exhaust location from windows, air intakes or other parts of the residence.
- ☐ Confirm generator fuel type & installation data.
- ☐ Provide mechanical data & installers' information for a fuel gas installation including meter sizing.
- ☐ Provide design data for the pad or other generator support.
- ☐ Confirm if a separately derived system with a switched neutral conforming to system grounding per 250.30 or a non-separately derived system with a solid neutral to be grounded as listed in 250.35.
- ☐ Provide the manufacturers installation instructions for the generator, transfer switch & equipment.

- ☐ Provide the exact language for all labels at the electrical panel, generator disconnect, transfer switch, electric meter, etc. See Articles 445 & 702.7C.
- ☐ Confirm automatic transfer equipment is adequately sized for all connected loads.
- ☐ Confirm manual transfer equipment has adequate capacity for all equipment arranged to be used at one time. Provide load scheme for managing the available power.
- ☐ Provide UL or other listing information documenting suitability of all equipment. IRC Table E3705.1 & NEC Table 310.15B16 both require #3 Cu or #1 AL or 100 amp feeder conductors.
- ☐ R105.8 Responsibility. It is the duty of every person who performs work for the installation or repair of building, structure, electrical, gas, mechanical, or plumbing systems for which this code is applicable to, comply with the code.



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.		



UPPER MACUNGIE TOWNSHIP

8330 Schantz Road
Breinigsville, PA 18031

p 610.395.4892
f 610.395.9355

UpperMac.org

**** 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

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