



UPPER MACUNGIE TOWNSHIP

8330 Schantz Road
Breinigsville, PA 18031

p 610.395.4892

f 610.395.9355

UpperMac.org

Residential Spa or Hot Tub Permit Submittal Guide

This installation shall conform to the 2021 International Residential Code, IRC and the 2021 International Swimming Pool and Spa Code, ISPSC.

Provide a complete design with all specifications and a plot plan locating all project components.

Utilize the checklist below, providing all design details for the following items.

- ☐ 1 – Provide a completed permit application listing all proposed work.
- ☐ 2 – Provide a plot plan showing the hot tub on the site with dimensions to the property lines, proposed electrical equipment, path of the wiring method to the hot tub and the location of all emergency escape and rescue openings or legally required exits to ensure the spa or hot tub installation will not block or encroach on the minimum required spacing.
- ☐ 3 - Provide the spa or hot tub manufacturer, model number and listing data with the installation instructions.
- ☐ 4 - Provide documentation the support pad meets the manufacturer's installation instructions.
- ☐ 5 – 2021 ISPSC Section 305 – Confirm locking cover meets listing to ANSI F1346.
- ☐ 6 - R308.4.5 – Tempered glazing is required as listed.
- ☐ 7 - Section N1103.10 – Provide a time switch for the motor and heater if required.
- ☐ 8 – E4002.9 – Receptacles in damp and wet locations shall be listed - weatherproof type.
- ☐ 9 – E4002.9 – Extra-duty, in-use covers are required for all receptacles in wet locations.
- ☐ 10 - E4202.1 – See the list of allowable wiring methods.
- ☐ 11 – E4203 – Required equipment, receptacles, allowed locations and clearances.
- ☐ 12 – E4203.6 – Confirm safe clearance of the spa or hot tub from overhead conductors.
- ☐ 13 – E4204 / E4204.2 Ex1, 1.1, 1.2, 1.3, 1.4 / E4204.3 – Bonding is required including an equipotential plane for the support pad and water bonding fittings. Provide specific data if requesting exemption for the pad perimeter bonding.
- ☐ 14 – E4205 / E4205.5 – Grounding requirements & insulated grounding conductor requirements.



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 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: _____



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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

To: All Electricians/ Plumbers

Re: Township Licensing

Upper Macungie Township requires all Electricians and Plumbers to have a license to engage in work in the Township. The fee due is **\$60 (Sixty Dollars)** and the license expires on **December 31st of the license year.**

Please complete the application and return to the above address with legible copies of the following:

1. Photo Identification (such as a driver's license)
 2. Current Electrical or Plumbing license from another jurisdiction
 3. Cash, check or money order for \$60 payable to Upper Macungie Township
 4. Certificate of Insurance showing General Liability and Workers' Compensation coverage listing Upper Macungie Township as Certificate Holder or Certificate of Insurance and a notarized, original Workers' Compensation coverage exemption form / waiver for the license file only
- ***For Annual License Renewals - Please complete the Application and remit with payment and Certificate of Insurance***
 - **Certificates of Insurance and exemption forms / waivers must be included with each application for permits.**

Thank you,

Permit Department

UPPER MACUNGIE TOWNSHIP
8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

I hereby apply for a License to perform work in Upper Macungie Township

Check One:

☐

ELECTRICIAN

☐

PLUMBER

EQUIPPED TO PERFORM SEWER LATERAL INSPECTION – Circle One- Yes or No

Contractor Name: _____

Company Name: _____

Company Address: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

Company Phone: _____ Company Fax: _____

Email for Contact Person: _____

Contractor Signature: _____ Cell Phone: _____

Please have the following documents with you when you **apply** in person or mail legible copies to Upper Macungie Township

- Valid Driver's License or Photo ID
- A current Electrical or Plumber's License
- Certificate of Insurance showing General Liability and Workers' Compensation (with Upper Macungie Township listed as the Certificate Holder)
- OR*
- General Liability Coverage and notarized Workers' Compensation Coverage Exemption Form
- Check or money order made payable to "Upper Macungie Township" in the amount of \$60
- **For Annual License Renewals - Please complete the Application and remit with payment and Certificate of Insurance**

IMPORTANT!

Please be sure to address all correspondence - Attention: LICENSING

FOR OFFICE USE ONLY

☐ Paid Date _____ ☐ Cash ☐ Check# _____ Date Issued: _____

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8330 SCHANTZ ROAD
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

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8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



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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



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- **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