UPPER MACUNGIE TOWNSHIP

8330 Schantz Road
Breinigsville, PA 18031
p 610.395.4892
f 610.395.9355
UpperMac.org

New Single Family Dwelling Permit Submittal Guide

All work shall conform to the 2021 International Residential Code and include the following information. Prototypes or typical designs are not accepted.

Please utilize the checklist below before submitting an application:

- ☐ 1 - Submittals must be accompanied by site specific plans for each address.
- ☐ 2 – Framing designs must meet 40 psf ground snow load.
- ☐ 3 – Framing designs must include all member sizes and span information and the beam load & span data.
- ☐ 4 – Engineered members or beams must be accompanied by the manufacturer's span, load and installation data.
- ☐ 5 - Truss designs must be engineered & be accompanied by the manufacturer's span and installation data.
- ☐ 6 – Complete designs are required for mechanical, electrical, and plumbing work with equipment specifications and a listing of all equipment or fixtures to be installed.
- ☐ 7 – Sprinkler designs shall include plans with all calculations and equipment specifications.
- ☐ 8 – Energy compliance designs must include R values for all building envelope components, compliance method [Res Check or PA Alternative] and BTU's and efficiencies for the heating and cooling systems and the water heater.
- ☐ 8 – Deck or rear stair designs shall be provided and/or notations if the rear exit is too blocked for use.
- ☐ 9 – Optional equipment listed with design specifics as necessary.
- ☐ 10 – Emergency escape and rescue openings are required.
- ☐ 11 – It is the installers responsibility to meet code compliance.

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Residential Foundation As- Built Plans

A Foundation As-Built is required for all new residences (Single family detached, twins & townhomes) The Survey shall show the vertical and horizontal foundation location. This shall mean the top of foundation elevation measured in feet above mean sea level. The plan shall also show closest point of the foundation measured in feet to all property lines, separation between buildings, lot dimensions, wetlands, floodplains, active easements and right of way

The plan shall be based upon an actual survey made and sealed by a Commonwealth of Pennsylvania Registered Land Surveyor or Professional Engineer after the foundations for all buildings have been constructed. The plan shall be prepared in engineering scale (i.e., 1 inch =10, 20,30, 40, 50 or 60 feet) The preferred plan size is 8.5 x 11, but larger sizes are acceptable if necessary.

The plan or title block shall include the following: Date, lot number and subdivision name, Builders name, address and phone number, Engineer's or Surveyor's name, address and phone number, Property address, Township Building Permit number, graphic scale and north arrow.

Four (4) Original Sealed Plans shall be forwarded to the Zoning Officer prior to the start of framing. Approved originals will be attached to the Final Certificate of Occupancy, the builder should keep one copy for their records and forward a copy to the new homeowner. This plan must be used to show future construction projects (Pools, Sheds, Fences, etc.). Any questions please contact the Zoning & Code Enforcement Officer between 7:30 and 4:00, Monday thru Friday. Once approved, a copy will be forwarded to Keystone Consulting Engineers for comparison with the approved grading plan.

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

1. PROPERTY INFORMATION

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

Detailed Description of Proposed Work: _____

Construction Cost $ _____
PA ONE CALL # _____
Date _____

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		Air Handling Unit	
Unit Heater		Boiler/Water Heater		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		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
☐	PLANNING		☐	☐	
☐	ZONING		☐	☐	
☐	BUILDING		☐	☐	
☐	ELECTRIC		☐	☐	
☐	PLUMBING		☐	☐	
☐	MECHANICAL		☐	☐	
☐	FIRE		☐	☐	

☐	Sewer Allocation Fee:	$	-
☐	Sewer Tapping Fee:	$	-
☐	Other: _____	$	-
		$	-

Fees:

☐	Building Permit	$	
☐	Electrical Permit	$	
☐	Plumbing Permit	$	
☐	Mechanical Permit	$	
☐	Plan Review	$	
☐	Administration (25%)	$	
☐	Re-Review Fee	$	
☐	Re-Review Admin Fee	$	
☐	PA Act 157 Fee	$	4.50
☐	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

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:_____

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

_____
Print Applicant Name

_____
Address

_____
City, State, Zip Code

_____
County / Municipality

_____
Signature of Applicant

Subscribed and sworn before me this
___ day of_____20__

_____
Signature of Notary Public

My Commission Expires:_____

(SEAL)

UPPER MACUNGIE TOWNSHIP
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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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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