1 East First Avenue
Suite 3
Malvern, PA 19355

(O) 610-644-2602
(F) 610-644-4504
malvern@malvern.org

BUILDING PERMIT

Permit must be submitted via email or by mail to:
Malvern Borough Administration
1 East First Avenue, Suite 3, Malvern, PA 19355
(Mon-Fri 9:00am-12:00pm, 1:00pm-5:00pm)

Remit Payment Online:
www.malvern.org

1. APPLICATION INFORMATION

Applicant Name: _____
First Last

Mailing Address: _____
(if different than property address) Street

_____
City ZIP Code

Contact Information: _____ _____
Phone Email

Permit Type: ____ Building ____ Electrical ____ Mechanical ____ Plumbing ____ Other

2. PROPERTY INFORMATION

Owner's Name: _____
First Last

Property Address: _____
Street

Mailing Address: _____
(if different than property address) Street

_____
City ZIP Code

Contact Information: _____ _____
Phone Email

Tax Parcel #: _____ **Zoning District:** _____

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3. FEES AND CERTIFICATION

Fees: Residential -- $104.50 + 1.5% of cost Commercial -- $154.50 + 1.5% of cost

I hereby certify 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 this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or 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.

Applicant Signature: _____ **Date:** _____

4. CONTRACTOR(S) INFORMATION

All contractors must be registered with the Borough. Registration applications must be submitted with Building Permit Application.

	Name Address	License #
Applicant		
Architect/Engineer		
General Contractor		
Excavation		
Concrete		
Carpentry		
Electrical		
Plumbing		
Sewer		
Mechanical		
Roofing		
Masonry		
Drywall/Lathing		
Sprinkler		
Paving		
Fire Alarm		
Other		

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5. BUILDING PERMIT APPLICATION

Est. Start Date: ____/____/____ **Est. Finish Date:** ____/____/____ **Est. Cost: $** _____

Improvement Type:	Proposed Use:	Factory	Residential
____ New Construction		___ Moderate Hazard	___ Hotel, Motel
____ Addition	Assembly	___ Low Hazard	___ Multi-Family
____ Alteration	___ Theater	___ High Hazard	___ Boca Two Family
____ Repair/Replacement	___ Night Club		___ Cabo Two Family
____ Demolition	___ Restaurant	Institutional	___ Boca Single Family
____ Relocation	___ Church	___ Group Home	___ Cabo Single Family
____ Foundation Only	___ Other	___ Hospital	
____ Change of Use Only		___ Jail	___ Other
Are any structural assemblies fabricated off-site?	___ Business		_____
		___ Mercantile	_____
____ YES ____ NO	Educational		_____
	___ Grades 1-12	Storage	_____
	___ Day Care Facility	___ Moderate Hazard	_____
		___ Low Hazard	

Structural Frame (check all that apply):	Exterior Walls (check all that apply):
____ Steel ____ Concrete Other: _____	____ Steel ____ Concrete Other: _____
____ Masonry ____ Wood _____	____ Masonry ____ Wood _____

Street Frontage (ft.)	Stories (#)	Lot Area (sq. ft.)
Front Setback (ft.)	Bedrooms (#)	Building Area (sq. ft.)
Rear Setback (ft.)	Full Baths (#)	Parking Area (sq. ft.)
Left Setback (ft.)	Partial Baths (#)	Living Area (sq. ft.)
Right Setback (ft.)	Garages (#)	Basement Area (sq. ft.)
Height Above Grade (ft)	Windows (#)	Garage Area (sq. ft.)
New Res. Units (#)	Fireplaces (#)	Office/Sales (sq. ft.)
Existing Res. Units (#)	Enclosed Parking (#)	Service (sq. ft.)
Elevators/Escalators (#)	Outside Parking (#)	Manufacturing (sq. ft.)

Will electrical work be done?	**____ YES**	**____ NO**	**If yes, fill out Section 6.**
Will plumbing work be done?	**____ YES**	**____ NO**	**If yes, fill out Section 7.**
Will mechanical work be done?	**____ YES**	**____ NO**	**If yes, fill out Section 8.**
Will other work be done?	**____ YES**	**____ NO**	**If yes, fill out Section 9.**

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6. ELECTRICAL PERMIT APPLICATION

Est. Start Date: ____/____/____ **Est. Finish Date:** ____/____/____ **Est. Cost: $** _____

Total Service: ____ AMPS		Number of Circuits: ____ Wire		Service Outlets: ____110V ____220V	
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:					

7. PLUMBING PERMIT APPLICATION

Est. Start Date: ____/____/____ **Est. Finish Date:** ____/____/____ **Est. Cost: $** _____

Enter the Number of Fixtures Being Installed, Replaced, or Repaired

Fixture	# of	Fixture	# of	Fixture	# of
Tubs/Showers		Drinking Fountains		Backflow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (Y/N)	
Dishwashers		Bidets		Fire Sprinklers (Y/N)	
Garbage Disposals				Lawn Sprinklers (Y/N)	
				Total Fixtures:	

Public Water (Y/N)		Public Sewer (Y/N)
Water Service Size ____ in.	Water Meter Size ____in.	Avg. Daily Water Use ____ gal.
Utility Service Revisions:		

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8. MECHANICAL PERMIT APPLICATION

Est. Start Date: ____/____/____ **Est. Finish Date:** ____/____/____ **Est. Cost: $** _____

Enter the Number of New or Replacement Units

Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		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: ____ Gas ____ Oil ____ Electric ____ Coal ____ Wood ____Other					
Utility Service Revisions:					

9. OTHER REQUIRED PERMIT APPLICATION(S)

Est. Start Date: ____/____/____ **Est. Finish Date:** ____/____/____ **Est. Cost: $** _____

Permit Type:
Description of Work: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

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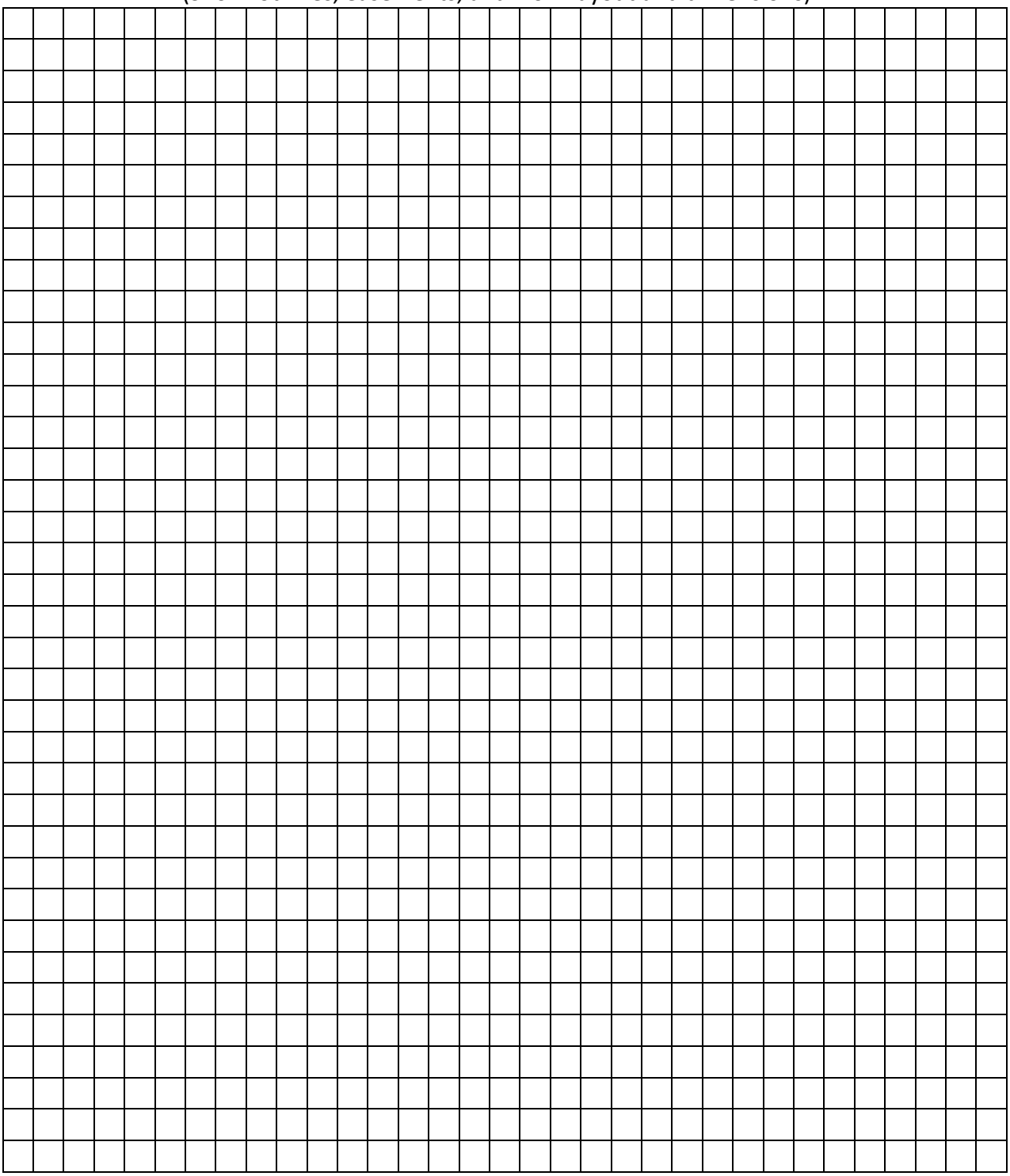
10. SITE PLANS

(Show lot lines, easements, and work layout and dimensions)



SCALE: 1 INCH = ____ FEET

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11. BOROUGH OFFICIAL USE – DATA ENTRY

Application Reviewed By: _____ **Date:** ____/____/____

Data Entered By: _____ **Date:** ____/____/____

12. BOROUGH OFFICIAL USE – FLOODPLAIN EVALUATION

Flood Map Number and Date: _____ **Lowest Floor Elevation:** _____

Flood Zone: _____ **Base Flood Elevation:** _____

13. BOROUGH OFFICIAL USE – ZONING PLAN EVALUATION

Zoning District: _____ **Map Number:** _____

Lot Area: _____ **Lot Coverage (%):** _____

Lot Area Per Room: _____ **Encroachments:** _____

Off-Street Parking Spaces, Required: _____ **Provided:** _____

Loading Space: _____

Signs, Number of: _____ **Size of Each Sign:** _____

Planning Commission Approval Required: _____

Zoning Hearing Board Approval Required: _____

14. BOROUGH OFFICIAL USE – PLAN REVIEW RECORD

Plans Review Required	Check	Fee	Date Plans Started	By	Date Plans Approved	By
Building		$	/ /		/ /	
Plumbing		$				
Mechanical		$				
Electrical		$				
Other		$				
TOTAL		$				

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15. BOROUGH OFFICIAL USE – ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
Boiler		/ /			Plumbing		/ /		
Curb/Sidewalk		/ /			Roofing		/ /		
Elevator		/ /			Sewer		/ /		
Electrical		/ /			Sign/Billboard		/ /		
Furnace		/ /			Street Grades		/ /		
Grading		/ /			Use of Area		/ /		
Oil Burner		/ /			Demolition		/ /		
Other		/ /			Other		/ /		

16. BOROUGH OFFICIAL USE – PROJECT DOCUMENTS

Type of Drawings/Report	Submitted?	Signed and Sealed?	Date	Revision Date
Site Plan	____ YES ____ NO	____ YES ____ NO	/ /	/ /
Soil Report	____ YES ____ NO	____ YES ____ NO	/ /	/ /
Architectural Drawings	____ YES ____ NO	____ YES ____ NO	/ /	/ /
Structural Drawings	____ YES ____ NO	____ YES ____ NO	/ /	/ /
Mechanical Drawings	____ YES ____ NO	____ YES ____ NO	/ /	/ /
Electrical Drawings	____ YES ____ NO	____ YES ____ NO	/ /	/ /
Job Specifications	____ YES ____ NO	____ YES ____ NO	/ /	/ /
Structural Connect. Drawings	____ YES ____ NO	____ YES ____ NO		
Structural Calculations	____ YES ____ NO	____ YES ____ NO		
Special Inspection Data	____ YES ____ NO	____ YES ____ NO		
Sprinkler Drawings	____ YES ____ NO	____ YES ____ NO		
Sprinkler Calculations	____ YES ____ NO	____ YES ____ NO		

17. BOROUGH OFFICIAL USE – DEPARTMENT APPROVALS

Department	Signature	Date
Fire		/ /
Public Works		/ /
Zoning/Planning		/ /
Environmental Management		/ /
Health and Sanitation		/ /
Water		/ /
Architectural Review		/ /
Other:		/ /

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18. BOROUGH OFFICIAL USE – VALIDATION

Permit Type	Date	Number	Fee
Building Permit	/ /		$
Electrical Permit	/ /		$
Plumbing Permit	/ /		$
Mechanical Permit	/ /		$
Other:	/ /		$
Other:	/ /		$
	Plan Review Fees (from Section 14)		$
	Certificate of Occupancy Fee		$
	Other Fees		$
	Total Fees		$

19. BOROUGH OFFICIAL USE – FINAL SIGNATURES

Prepared By: _____ **Date:** _____

Approved By: _____ **Date:** _____