RICHLANDTOWN BOROUGH
BUILDING AND ZONING DEPARTMENT
125 S MAIN ST., PO BOX 455, RICHLANDTOWN, PA, 18955
Telephone: 215-538-9290 · Fax: 215-538-8040
www.richlandtownborough.org

BUILDING AND ZONING PERMIT APPLICATION

Permit # _____ Parcel # _____ Fee $ _____ Ck # _____ Date _____

App. Date _____/_____/_____	**Part I – GENERAL INFORMATION** SUBMIT TWO SETS OF PLANS AND CONSTRUCTION DOCUMENTS FOR ALL PROJECTS	Is Owner Applicant? Yes No
Permit Type: ☐ Building ☐ Zoning ☐ Electrical/Alarm ☐ Plumbing ☐ HVAC/Mechanical/Sprinkler ☐ Other		

Property Information

Number	Street Name

Owner Information

First Name	Last Name or Business Name	Daytime Phone #
Email Address		Cell Phone #
Number	Street Name	City/Zip

Part 2 - CONTRACTORS

ALL CONTRACTORS Shall submit copies of PA license and copies of insurance certificates naming Richlandtown Borough as certificate holder.

CONTRACTOR	BORO REG. #	NAME ADDRESS	DAYTIME PHONE# AND E-MAIL ADDRESS	Estimated CONTRACT VALUE $
GENERAL				
ELECTRICAL				
ALARM				
PLUMBING				
HVAC/MECH				
SPRINKLER				
OTHER				

Part 3 - NEW RESIDENTIAL CONSTRUCTION:

	NO.		SQ. FT. OF
Stories		Basement Area	
Bedrooms		1st. Floor	
Full Baths		2nd. Floor	
Partial Baths		3rd. Floor	
Garage (bays)		Garage Area	
Height Above Grade		Attic	
Fireplaces (Custom)		Deck/Patio	
Fireplace (Factory)		Porch/Sunroom/Breakfast Nook	

TOTAL CONTRACT VALUE $	FEE $	TOTAL SQ. FT.

Part 4 –GENERAL CONSTRUCTION

☐ NEW CONSTRUCTION	☐ COMMERCIAL FIT-OUT	☐ OFFICE FIT-OUT	☐ RETAIL FIT-OUT
☐ ADDITION	☐ ALTERATION	☐ GARAGE	☐ ENCLOSED PORCH
☐ SUNROOM	☐ SUNROOM (WITH HEAT)	☐ DECK	☐ PATIO
☐ ROOF OVER Patio/Porch/Deck	☐ INTERIOR DEMOLITION	☐ KITCHEN/BATHROOM RENO	☐ FINISHED ATTIC
☐ FINISHED BASEMENT	☐ FINISHED BASEMENT (BEDROOM 2nd means of egress)		☐ TOTAL BLDG DEMOLITION
☐ OTHER			
FRAMING: _____Steel _____ Masonry _____ Concrete _____ Wood _____ Other _____			
DETAILED DESCRIPTION OF WORK:			

Construction Type: ☐ Commercial ☐ Residential	CONTRACT VALUE FOR GENERAL CONTRACTOR $	Total Project Sq. Ft.

ELECTRICAL / ALARM*

All Electrical Plans must be reviewed and approved by a third-party electrical underwriter (licensed in PA) prior to issue of permit.

Total Service _____ Amps	No. of Circuits ___ 2-Wire ___ 3-Wire ___ 4-Wire	No. of Services Outlets _____ 110V _____ 220V
New Service _____ Amps	Upgrade Service _____ Amps	
DESCRIPTION OF WORK:		

NOTE: Applicant may contract with a third-party agency licensed in Pennsylvania for electrical plan review and inspection services if they choose.
* Contact the Fire Marshal office for information for Fire Alarm submittals.

TOTAL CONTRACT VALUE $	FEE $

HVAC / MECHANICAL WORK / SPRINKLER*

Manual J/ASHRAE 183 heat load calculations are required for all new construction, additions/finished basements using the existing heat system and for all HVAC system replacements. Also, applicant must provide cut sheets for any proposed new equipment.

Residential System (check one) :	☐ New	☐ Replace	Commercial System (check one) :	☐ New	☐ Replace

PROPOSED WORK

☐ Above ground Tank _____ gallons	☐ Electric Furnace	☐ Roof Top Unit
☐ AC Compressor	☐ Exhaust Hood	☐ Sprinkler System - Alteration
☐ Air Cleaner	☐ Electric Furnace	☐ Sprinkler System - New
☐ Air Handling	☐ Exhaust Hood	☐ Stand Pipe
☐ Alarm System - Alteration	☐ Fuel Tank _____ gallons	☐ Stove – Wood/Coal/Pellet
☐ Alarm System – New	☐ Fireplace/Fireplace insert	☐ Underground Tank _____ gallons
☐ Boiler	☐ Forced Air Unit	☐ Extension of existing supply/return ducts only
☐ Coil Unit	☐ Gas/Oil Conversion Unit	☐ Other

DESCRIPTION OF WORK:

* Contact the Fire Marshal office for information for Fire Sprinkler submittals.

TOTAL CONTRACT VALUE $	FEE $

PLUMBING WORK

ENTER THE NUMBER OF FIXTURES BEING INSTALLED OR REPLACED					
FIXTURES:	**QUANTITIES:**				
	Basement	1ST	2ND	3RD	4TH OR ABOVE
Bath / Tubs / Showers					
Dishwashers					
Drinking fountains					
Ejector pumps					
Floor drains / Floor sinks					
Garbage Disposal / Grease trap / Interceptors					
Hose bibs					
Water heaters (expansion tank required)					
Sewer Vent Replacement					
Sinks / Mop Sinks					
Urinals / Water Closets					
Water or Sewer Line					
Water Softener					
Other:					
TOTAL FIXTURES					
TOTAL CONTRACT VALUE $				**FEE $**	

Part 5 – ZONING CONFORMITY INFORMATION

Impervious Surface Calculations are Required for all Exterior Projects

House Size (with garage) Footprint (sq. ft.)	**Pool & Decking (sq. ft.)**
Driveway (sq. ft.)	**Detached Garage (sq. ft.)**
Walkways/Sidewalks (sq. ft.)	**Shed(s) (sq. ft.)**
Concrete/Stone/Pavers Patio area (sq. ft.)	**Proposed Work (sq. ft.)**
Fence (linear ft.)	**Other**

A (total impervious area sq. ft. above) =

A. Total Impervious Area (sq. ft.)	**B.** Lot Size (sq. ft.)	(**B divided by A**) % Impervious Surface =

MAXIMUM IMPERVIOUS SURFACE/BUILDING COVERAGE* ALLOWED BY ZONING DISTRICT:**

**** IMPERVIOUS – INCAPABLE OF BEING PENETRATED BY WATER (HOUSE, DRIVEWAY, WALKWAY, PATIO, SHED, etc ….) Percentages may vary by district and use. See Zoning Ordinance for specific regulations in all districts**

Part 6 – SETBACK INFORMATION

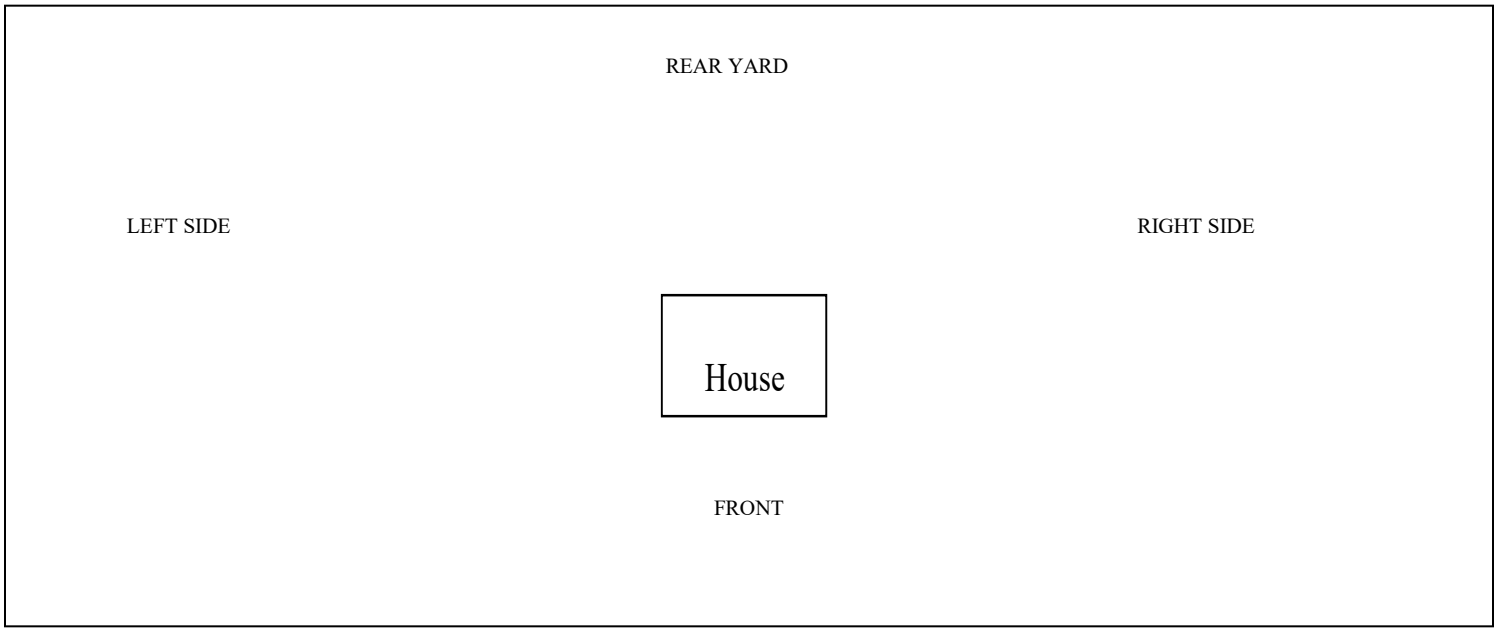
Front Yard Setback	**Rear Yard Setback**	**Side Yard Setback (R)**	**Side Yard Setback (L)**
Building Height	**Crossing Easement? Yes _____ No _____**		

***Borough reserves the right to require surveyed plot plans if necessary**

PROVIDE SKETCH FOR THE LOCATION OF PROPOSED STRUCTURE- PLOT PLAN:

FOR NEW CONSTRUCTION, ADDITION, DECK, PATIO, SUNROOM, GARAGE, SHED, DRIVEWAY, FENCE

Richlandtown Borough reserves the right to request a plot plan prepared by a licensed surveyor.



NOTE: PERMIT SUBMISSION ***DOES NOT*** GRANT "APPROVAL" TO START WORK.

I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; I understand that the issuance of the permit creates no legal liability, express or implied, on Richlandtown Borough; and certify that all the above information is accurate. Permit expires if work is not started in 6 months, not completed in 12 months, or if work is discontinued for 6 months in the judgment of the Borough. The Building Inspector, or the Inspector's authorized agent, is authorized to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the proposed work. Failure to comply with the above will result in a STOP WORK order.

Owner/Auth. Agent Signature: **Date**

FOR OFFICE USE ONLY:

TYPE	NUMBER	PERMIT FEE	TYPE	NUMBER	PERMIT FEE	
BUILDING			SPRINKLER			
ELECTRICAL			ALARM			
PLUMBING			USE & OCC			
MECHANICAL			ZONING			
ROOF			CURB ESCROW			
DEMOLITION			PA STATE ACT 13		**$ 4.50**	
OTHER						
SUBTOTAL			**SUBTOTAL**		**TOTAL FEE**	

ZONING OFFICIAL DATE **BUILDING INSPECTOR** DATE

A SITE PLAN SHOWING LOT LINES, EXISTING AND PROPOSED STRUCTURES WITH DIMEMSIONS, EASEMENTS, AND PROPOSED SETBACKS FROM LOT LINES, MUST BE SUBMITTED. IT IS RECOMMENDED THAT AN "AS-BUILT" SITE PLAN BE USED IF POSSIBLE.