

EAST ROCKHILL TOWNSHIP

1622 North Ridge Road, Perkasie, Pennsylvania 18944
 Phone 215-257-9156 • Fax 215-257-1299

website: www.EastRockhillTownship.org



BUILDING PERMIT APPLICATION

1. PROPERTY INFORMATION

Street & City Address		Tax Parcel Number	Zoning District
Subdivision	Lot Number	Parcel Type	<input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O) _____

2. OWNER INFORMATION

First & Last Name	Email Address	Phone
Mailing Address <i>if Different than Above</i>		

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	STREET ADDRESS	CITY, STATE	PHONE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

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 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 provision of the code(s) applicable to such permit.

Signature of Applicant

Address

Phone No.

Homeowner Signature (**required**)

BUILDING PERMIT APPLICATION

5. BUILDING

IMPROVEMENT TYPE	PROPOSED USE		
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Foundation Only <input type="checkbox"/> Change of Use Only	Assembly <input type="checkbox"/> Theatre <input type="checkbox"/> Night Club <input type="checkbox"/> Restaurant <input type="checkbox"/> Church <input type="checkbox"/> Other Assembly	Institutional <input type="checkbox"/> Group Home <input type="checkbox"/> Hospital <input type="checkbox"/> Jail <input type="checkbox"/> Mercantile	Other <input type="checkbox"/> Parking Garage <input type="checkbox"/> Carport <input type="checkbox"/> Motor Fuel Service <input type="checkbox"/> Repair Garage <input type="checkbox"/> Public Utility <input type="checkbox"/> HPM
	<input type="checkbox"/> Business	Residential <input type="checkbox"/> Hotel, Motel <input type="checkbox"/> Multi-Family <input type="checkbox"/> BOCA Two-Family <input type="checkbox"/> CABO Two-Family <input type="checkbox"/> BOCA Single Family <input type="checkbox"/> CABO Single Family	
	Educational <input type="checkbox"/> Grades 1-12 <input type="checkbox"/> Day Care Facility		
	Factory <input type="checkbox"/> Moderate Hazard <input type="checkbox"/> Low Hazard <input type="checkbox"/> High Hazard	Storage <input type="checkbox"/> Moderate Hazard <input type="checkbox"/> Low Hazard	

Structural FRAME			Exterior WALLS		
<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other, Identify:	<input type="checkbox"/> Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other, Identify:
<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood		<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood	
Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Street Frontage (feet)	Stories (number)	Lot Area (sq. feet)			
Front Setback (feet)	Bedrooms (number)	Building Area (sq. feet)			
Rear Setback (feet)	Full Baths (number)	Parking Area (sq. feet)			
Left Setback (feet)	Partial Baths (number)	Living Area (sq. feet)			
Right Setback (feet)	Garages (number)	Basement Area (sq. feet)			
Height Above-Grade (feet)	Windows (number)	Garage Area (sq. feet)			
New Residential Units (number)	Fireplaces (number)	Office/Sales (sq. feet)			
Existing Residential Units (number)	Enclosed Parking (number)	Service (sq. feet)			
Elevators/Escalator (number)	Outside Parking (number)	Manufacturing (sq. feet)			
Estimated Start / /	Estimated Finish / /	Building Est. Value \$			

6. ELECTRICAL Yes No

Item	No. of Fixtures Proposed	Item	No. of Fixtures Proposed
Ceiling Outlets		Water Heater	
Switches		Lighting Circuit	
Plug Receptacles		OTHER CIRCUIT	
TOTAL OUTLETS		TOTAL CIRCUITS	
Air Heaters		Motors	
Ranges		Panel Size	
Signs		Range Cond.	
		Sub Feeder Size	
Total Service _____ Amps		Number of Service Outlets: _____ 110V _____ 220V	

ELECTRICAL UNDERWRITING AGENCY:

Code Inspections, 605 Horsham Road, Horsham, PA 19044
215-672-9400

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7. PLUMBING Yes No

Enter the Number of Fixtures Being Installed, Replaced or Repaired			
Tubs/Showers		Drinking Fountains	Back Flow 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) (# of hose outlets)
Dishwashers		Bidets	Fire Sprinklers (Y/N) (# of heads)
Garbage Disposals			Lawn Sprinklers (Y/N) (# of heads)
Sewer Lateral Connection			Total Fixtures
Public Water? <input type="checkbox"/> Yes <input type="checkbox"/> No		Public Sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Service Size _____ in.	Water Meter Size _____ in.	Avg. Daily Water Use _____ GPD	
East Rockhill Township PLUMBING REGISTRATION # _____			

8. MECHANICAL Yes No

Enter 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 Oil (check one): <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other _____			

TOWNSHIP USE

Total Square Feet _____

Residential Non-Residential

Alteration

\$ _____ up to _____ sf

plus _____ per sf thereafter

Proposed:

Fees	
Building	
State Fee (Act 45 UC Code)	6.00
Zoning – due with submission	
Electric	
Plumbing	
Mechanical	
Use & Occupancy	
Sewer	
Stormwater	
Plan Review	
Workmen’s Comp	
Fireplace	
ERT Total:	
Third Party Electric Fee	

WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

A. The applicant is:

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes

No

If the answer is "yes," complete section B and C below as appropriate.

B. Insurance Information:

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation.

Certificate Attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

Certificate Attached

Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' 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 the township.**

Religious exemption under the Workers' Compensation Law.

Signature of Applicant _____
Address _____

County of _____
Municipality of _____

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ZONING PERMIT APPLICATION

TAX PARCEL Number: 12-_____

Date: _____

SITE ADDRESS: _____

Zoning District: _____

CONTACT INFORMATION:

EQUITABLE OWNER on Record: _____

Email: _____ Phone: _____

Address: _____

APPLICANT: _____

Email: _____ Phone: _____

Address: _____

Present Use of the Property: _____

Proposed Use being applied for: _____

Lot Size _____ (acres) Number of Proposed Bedrooms _____ Cost of Improvement \$ _____

Application is hereby made to:

- Change the use of the property
- Erect a structure
- Add to an existing structure
- Remodel an existing structure
- Other, please explain _____

Dimensions and square footage of Proposed Work and/or Use: _____

Description of Proposed Work and or Use: _____

Sewage Disposal: Public *Private *BC Dept. Health Permit No. & Date Issued _____

Water: Public Private

SETBACKS (proposed improvement): Front yard _____ Rear yard _____ Side yards _____ / _____

What is the total amount of property (in square feet) covered with structures, driveways, sidewalks, etc. prior to construction?

(Total square feet of structures on the property) (Total square feet of sidewalks & driveways) (All other impervious surface)

Proposed Square Footage _____ Number of off street parking spaces _____ Height of Proposed Structure _____

Is any part of your property in a floodplain? Yes No

Are there any easements on the property? Yes No If yes, please describe: _____

Site or plot plan for applicant use
 Plot plan request may be made to East Rockhill Township

Plot Plan must show the following:

- Scaled plan of entire property in duplicate; identify streets adjacent to property.
- All buildings with size dimensions (length & width) within property lines and indicate whether existing or proposed. Indicate front, side and rear yard setbacks by showing the distance from buildings to property lines on all sides.
- Property owner is responsible for the accuracy of this plot plan. On-lot sewage systems and/or any easements/deed restrictions must be indicated.

A non-refundable Zoning Fee is due with submission.

Setback (feet):

<u>Zoning District</u>		<u>Principal Structure</u>			<u>Sheds</u>	
		<u>Front</u>	<u>Side</u>	<u>Rear</u>	<u>Rear</u>	<u>Side</u>
AP	Agricultural Preservation	50	30	50	12	12
R-1	Residential	50	20	50	5	5
RP	Resource Protection	50	30	50	12	12
RR	Rural Residential	50	30	50	12	12
S	Suburban	50	20	50	5	5

Certification:

I (print name) _____ hereby state the above facts and information are accurate and complete, acknowledge that any false information contained within this application will be grounds for permit rejection or revocation. The applicant further acknowledges that this this is an application only and that the use requested cannot commence upon the property until and unless a Zoning Permit is issued by the Township.

Signature _____

Owner – (if other than above)

I (print name) _____ have read and familiarized myself with the contents of this application and hereby consent to its submission and processing.

Signature _____

Advisory to Applicant:

Applicant is advised that upon review of a completed application, it may be determined that additional approvals are required prior to final issuance of a Zoning Permit. Those additional approvals may include (but are not necessarily limited to):

PennDOT Applications that affect the use of a property that take access from a road under PennDOT jurisdiction may require a PennDOT permit.

PaUCC If the proposal includes construction regulated by the PA Uniform Construction Code, a Building Permit Application is required.

BCCD If the proposed work area involves disturbance of more than 1000 square feet of soil then approval from the Bucks County Conservation District is required. www.bucksccd.org/index.htm

Stormwater If the proposal involves the construction of cumulative area of 1,000 square feet or more of impervious surfaces since the year 2002, a stormwater management plan or review may be required. Impervious surfaces include (but are not necessarily limited to): driveway (both asphalt and crushed stone), buildings, some decks, patios, walkways, etc.

Waste Water Certain projects may necessitate the review and approval of the Bucks County Health Department or public water / sewer provider.

Driveway Permit If the proposal involves work within a township right-of-way a Driveway or Road Opening Permit may be required.

Land Development Certain uses may require the submission of a Land Development Application to the Planning Commission and Board of Supervisors.

Other Certain uses may require submission to the Planning Commission, Zoning Hearing Board or other Boards, Commissions or Agencies.

If it is determined additional approvals are needed, you will be notified in writing

FOR TOWNSHIP USE

Zoning Officer's Review:

Comments: _____

APPROVED DENIED Zoning Officer _____ Date _____

PAID Amount _____ Check No. _____