



Whitemarsh TOWNSHIP

616 GERMANTOWN PIKE - LAFAYETTE HILL, PA 19444-1821
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**WHITEMARSH TOWNSHIP
PLAN SUBMISSION CHECKLIST
FOR BUILDING AND ZONING PERMITS**

Other requirements as determined by the Code Official may be required

Or requested based on scope of project.

- 1. All Fees are submitted with Applications
- 2. Insurance Certificate
- 3. Completed Building Permit Application (attached)
 - a. Two sets of plans
 - b. Site Plan
 - c. Footing/Foundation Details
 - d. Architectural Details
 - e. Structural Details
 - f. Res/Comm-Check Energy Calculations
- 4. Zoning decisions (if applicable)
- 5. Fire Protection Details (when required)
- 6. Completed Electrical Permit Application with plans
- 7. Completed HVAC Permit Application with plans and manufactures specs
- 8. Completed Plumbing Permit Application with plans

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT ALL REQUIRED
INFORMATION AT TIME OF SUBMISSION.**



**WHITEMARSH TOWNSHIP
APPLICATION FOR PLAN EXAMINATION
FOR BUILDING AND ZONING PERMITS**

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4, 5 and 10 of this form. Also complete Part 6 if there is electrical work, Part 7 if there is plumbing work, Part 8 if there is mechanical work, and/or Part 9 if there is work that requires inspections by the Fire Marshal. Site plans (if applicable) is to be shown in Part 11 or attached hereto. Parts 12-19 (Pages 7-8) are for Township use only.

Application Date: _____ Permit Type: Building (B) Electrical (E) Mechanical (M)
 Is Owner Applicant? Yes No Zoning (Z) Plumbing (P) Other (see Part 10 - inc. wireless facilities)

PART 1. PROPERTY INFORMATION

Address: _____ Apt.: _____ Zip: _____ Zoning District: _____
 Subdivision: _____ Lot Number: _____ Parcel Number: _____ Year Built: _____
 Parcel Type: Residential (R) Commercial (C) Industrial (I) Other (O) _____

PART 2. OWNER INFORMATION

First Name: _____ Last Name: _____ Phone: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Email Address: _____

PART 3. CONTRACTOR(S) INFORMATION

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

PART 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 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 a permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

 SIGNATURE OF APPLICANT ADDRESS PHONE NO.

 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.



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PART 5. BUILDING PERMIT APPLICATION

FOR DEPT. USE ONLY	IMPROVEMENT TYPE:	<input type="checkbox"/> New Construction (1)	<input type="checkbox"/> Addition (2)
Request Plan No. (Y / N)	<input type="checkbox"/> Alteration (3)	<input type="checkbox"/> Repair/Replacement (4)	<input type="checkbox"/> Demolition (5)
Plan No:	<input type="checkbox"/> Relocation (6)	<input type="checkbox"/> Foundation Only (7)	<input type="checkbox"/> Change in Use Only (8)

PROPOSED USE:

ASSEMBLY	FACTORY	RESIDENTIAL	<input type="checkbox"/> OTHER (24)
<input type="checkbox"/> Theatre (1)	<input type="checkbox"/> Moderate Hazard (9)	<input type="checkbox"/> Hotel, Motel (16)	Parking Garage
<input type="checkbox"/> Night Club (2)	<input type="checkbox"/> Low Hazard (10)	<input type="checkbox"/> Multi-Family (17)	Carpport
<input type="checkbox"/> Restaurant (3)	<input type="checkbox"/> HIGH HAZARD (11)	<input type="checkbox"/> BOCA Two Family (18)	Motor Fuel Service
<input type="checkbox"/> Church (4)		<input type="checkbox"/> CABO Two Family (19)	Repair Garage
<input type="checkbox"/> Other Assembly (5)	INSTITUTIONAL	<input type="checkbox"/> BOCA Single Family (20)	Public Utility
<input type="checkbox"/> BUSINESS (6)	<input type="checkbox"/> Group Home (12)	<input type="checkbox"/> CABO Single Family (21)	HPM
	<input type="checkbox"/> Hospital (13)		_____
EDUCATIONAL	<input type="checkbox"/> Jail (14)	STORAGE	_____
<input type="checkbox"/> (Grades 1-12 (7)		<input type="checkbox"/> Moderate Hazard (22)	_____
<input type="checkbox"/> Day Care Facility (8)	<input type="checkbox"/> MERCANTILE (15)	<input type="checkbox"/> Low Hazard (23)	_____

STRUCTURAL FRAME (check all that apply):	EXTERIOR WALLS (check all that apply):
<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (2) <input type="checkbox"/> Masonry (3)	<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (2) <input type="checkbox"/> Masonry (3)
<input type="checkbox"/> Wood (4) <input type="checkbox"/> Other (5), Identify:	<input type="checkbox"/> Wood (4) <input type="checkbox"/> Other (5), Identify:

Are any structural assemblies fabricated off-site? Yes No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)
Front Setback (Feet)	Bed Rooms (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 Area (Sq. feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service Area (Sq. feet)
Elevators / Escalators (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)

Estimated Start Date:	Estimated Finish Date:
Estimated Value of Work (\$):	



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Is there Electrical Work? Yes No

PART 6. ELECTRICAL PERMIT APPLICATION

Total Service _____ AMPS	Number of Service Outlets _____ 110 V _____ 220 V				
Number of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE					
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:					
Estimated Start Date:			Estimated Finish Date:		
Electrical Work Est. Value (\$):					

Is there Plumbing Work? Yes No

PART 7. PLUMBING PERMIT APPLICATION

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

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

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		

Utility Service Revisions:	
Estimated Start Date:	Estimated Finish Date:
Plumbing Work Est. Value (\$):	



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Is there Mechanical Work? Yes No

PART 8. MECHANICAL PERMIT APPLICATION

Enter the Number of New or Replaced 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		Electrical Furnace	
Solid Fuel Appliance		A/C Compressor		Hazardous Exhaust System	

TYPE OF HEATING FUEL (check one):

- Gas (1)
 Oil (2)
 Electric (3)
 Coal (4)
 Wood (5)
 Other (6), Identify: _____

Utility Service Revisions:	
Estimated Start Date:	Estimated Finish Date:
Mechanical Work Est. Value (\$):	

Is there Work that Requires the Fire Marshal ? Yes No

PART 9. FIRE MARSHAL PERMIT APPLICATION

Enter the Number of Units Being Installed, Replaced, Repaired, or Removed			
Standpipes (Y / N) Number of Hose Outlets		Temporary Tanks for Heating Construction Sites	(Y / N)
Fire Sprinklers (Y / N) Number of Heads		Tanks Containing Flammable, Combustible Liquid or Gas	(Y / N)
Fire Alarms (Y / N)		Outdoor Fireplace and/or Grill	(Y / N)

Is a Fireworks Permit Required? Yes No

Is a Blasting Permit Required? Yes No

Is a Fire Code Permit Required? Yes No

A Fire Code Permit is required for all uses not listed above and permit requirements contained in the 2003 International Fire Code.

Estimated Start Date:	Estimated Finish Date:
Fire Marshal Work Est. Value (\$):	



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PART 11. SITE PLAN

Show lot lines, easements and work layout and dimensions (attach additional sheets if necessary):

SCALE = 1 inch = _____ FEET



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TOWNSHIP/DEPARTMENTAL USE ONLY

PART 12. DATA ENTRY

Date Received:	By:
Application Reviewed:	By:
Data Entry:	By:

PART 13. FLOODPLAIN EVALUATION

Flood Map Number & Date:	Lowest Floor Elevation:
Flood Zone:	Base Flood Elevation:

PART 14. ZONING PLAN EVALUATION

Zoning District:	Map Number:
Lot Area (From Page 2):	Lot Coverage (%):
Lot Area Per Room:	Encroachments:
Off Street Parking Spaces, Required:	Off Street Parking Spaces, Provided:
Loading Space:	
Proposed Number of Signs:	Size of Each Proposed Sign:
Planning Commission Approval Required:	
Zoning Hearing Board Approval Required:	

PART 15. PLAN REVIEW RECORD

Plan Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
ZONING		\$					
ELECTRICAL		\$					
PLUMBING		\$					
MECHANICAL		\$					
TOTAL COST		\$					

PART 16. ADDITIONAL PERMITS REQUIRED

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



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PART 17. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PART 18. OTHER DEPARTMENT APPROVALS

SIGNATURE	DATE	SIGNATURE	DATE
Fire:		Health and Sanitation:	
Public Works:		Water:	
Zoning/Planning:		Architectural Review:	
Environmental Management:			

PART 19. VALIDATION

PERMIT TYPE	DATE	NUMBER	PERMIT / INSP. FEE
BUILDING			\$
ELECTRICAL			\$
PLUMBING			\$
MECHANICAL			\$
			\$
		Plan Review Fee (Part 14)	\$
		Certificate of Occupancy Fee	\$
		Other Fee(s)	\$
		TOTAL FEES	\$

ZONING OFFICER SIGNATURE _____, DATE _____

APPROVED
 DENIED

BUILDING OFFICIAL SIGNATURE _____, DATE _____

APPROVED
 DENIED