

# **GENERAL CHECKLIST FOR OBTAINING A BUILDING PERMIT**

## *Specific project requirements*

1. Proof of ownership or an authorized agent representing property is required.
2. The applicant must complete a Uniform Zoning/Construction Permit Application (attached). All questions shall be completed to expedite permit processing and issuance.
3. Residential building applications require (2) sets of Building Plans with material lists. Non-Residential building applications require (2) sets of construction drawings signed and sealed.
4. A Plot Plan demonstrating the size and location of all structures, on-lot sewage system, alternate drainage field, well, infiltration beds, and distance to property lines (hand drawn is acceptable).
5. Copy of Workers' Compensation Certificate. (See attached form)
6. Copy of the Erosion and Sedimentation Plan and approval letter from Chester County Conservation District as applicable. Impervious areas of 1000 S.F. and greater require a storm water application.
7. New Home permit applications shall be accompanied with a sewage permit issued by the Chester County Board of Health.
8. New Home permit applications shall be accompanied with a well permit issued by the Chester County Board of Health.
9. Residential additions/renovations involving additional bedrooms; The Chester County Board of Health shall verify by letter, the adequacy of the existing on lot septic systems prior to the issuance of permit.
10. An Electrical Permit may be required with the building permit. The electrical application shall accompany the application.
11. A Plumbing Permit may be required with the building permit. The plumbing application shall accompany the application.
12. A Driveway Permit is required for any new driveway. If the driveway abuts a State Route, a PennDOT Highway Occupancy Permit shall accompany the application.
13. The applicant should stakeout the location of the proposed structure. The building inspector may request to verify the stakeout prior to issuing a building permit.
14. Non-residential building applications may require a Land Development Plan.

Building Permit fees are based on square footage using the rate in the Franklin Township Schedule of Fees. Payment is required upon issuance of permit and prior to construction. All fees shall be payable to Franklin Township.

Commercial permits shall be granted or refused within 30 days as per the Uniform Construction Code requirements after the written application has been submitted and determined complete. Mark Gordon makes every effort to process and issue residential permits within 10 to 15 working days. Questions regarding permits can be directed to Mark Gordon at Franklin Township – 610-255-5212.

**Remember PA One-Call before excavating, simply dial 811, or [www.paonecall.org](http://www.paonecall.org).**

**ZONING / UNIFORM CONSTRUCTION PERMIT APPLICATION**

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

(any address should include street, city, state & zip code)

**County:** Chester

**Municipality:** Franklin Township

**Site Address:** \_\_\_\_\_

Tax Parcel #72- \_\_\_\_\_ Lot Size: \_\_\_\_\_ Lot #: \_\_\_\_\_

Subdivision / Land Development Name: \_\_\_\_\_

**Owner / Applicant Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax # \_\_\_\_\_ Email Address: \_\_\_\_\_

**CALL ME WHEN PERMIT IS READY**

**Principal Contractor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax # \_\_\_\_\_ Email Address: \_\_\_\_\_

PA Contractor Registration #: \_\_\_\_\_

**CALL ME WHEN PERMIT IS READY**

**Architect:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax # \_\_\_\_\_ Email Address: \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENT**

\_\_\_\_\_ New Building \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_ Demolition \_\_\_\_\_ Relocation \_\_\_\_\_ Sign  
\_\_\_\_\_ Foundation Only \_\_\_\_\_ Change of Use \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_ Electrical \_\_\_\_\_ Other

Describe the proposed work: \_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION** (reasonable fair market value): \_\_\_\_\_

**DESCRIPTION OF BUILDING USE** (Select One)

**RESIDENTIAL OR ACCESSORY THERETO**

\_\_\_\_\_ One – Family Dwelling (R-3)

\_\_\_\_\_ Two – Family Dwelling (R-3)

**NON-RESIDENTIAL**

Special Use: \_\_\_\_\_

Use Group: \_\_\_\_\_

Change in Use: \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, Indicate Former: \_\_\_\_\_

**BUILDING / SITE CHARACTERISTICS**

Number of Residential Units: \_\_\_\_\_ Existing: \_\_\_\_\_ Proposed

Water Services: (Check One) \_\_\_\_\_ Public (Copy of Authority Approval)  
\_\_\_\_\_ Private (County Permit Approval Required)

Sewer Service: (Check One) \_\_\_\_\_ Public (Copy of Authority Approval)  
\_\_\_\_\_ Private (Septic Permit # \_\_\_\_\_)

**STORMWATER**

New Impervious Area Created: \_\_\_\_\_ Sq. Ft. Existing Impervious Area: \_\_\_\_\_ Sq. Ft.

**Building Dimensions**

Existing Building Area: \_\_\_\_\_ Sq. Ft. Proposed Building Area: \_\_\_\_\_ Sq. Ft. Total Building Area: \_\_\_\_\_ Sq. Ft.

Number of Stories: \_\_\_\_\_ Height of Structure Above Grade: \_\_\_\_\_ Ft. Area of Largest Floor \_\_\_\_\_ Sq. Ft.

## FLOODPLAIN

Is the site located within an identified flood hazard area? (Check One) Yes No

Will any portion of the flood hazard area be developed? (Check One) Yes No

Owner / Agent shall verify that any proposed construction and / or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 165-1978), specifically Section 60.3

Lowest Floor Level: \_\_\_\_\_

## HISTORIC DISTRICT

Is the site located within a Historic District?      Yes      No

If construction is proposed with a Historic District, a certificate of appropriateness may be required by Franklin Township.

The applicant certifies that all information on this application is correct, and the work will be completed in accordance with the “approved” construction documents, PA Act 45 of 1999 (Uniform Construction Code), Act 247 of 1968 as amended (Municipalities Planning Code), and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel, or set aside any provisions of the codes or ordinances or the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations and is responsible for all review costs incurred for the proposed project.

Application for a permit shall be made by the *owner* or lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

**I certify the code administrator or the code administrator'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 Owner or Authorized Agent      \_\_\_\_\_  
Print Name of Owner or Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Directions to Site: \_\_\_\_\_

Approved by: \_\_\_\_\_ Permit #'s. \_\_\_\_\_

**REFER TO CHECKLIST TO DETERMINE ADDITIONAL APPLICATION REQUIREMENTS**

## PLUMBING PERMIT APPLICATION

**Township:** Franklin      **Date of Application:** \_\_\_\_\_      **Permit Fee:** \$ \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_      **Email Address:** \_\_\_\_\_

**Name of Contractor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_      **Email Address:** \_\_\_\_\_

**Subdivision Name & Lot No:** \_\_\_\_\_

**Tax Parcel No:** \_\_\_\_\_

**Check Appropriate Box:**      \_\_\_\_\_ Home Occupation or Manufactured Dwelling

\_\_\_\_\_ Single-Family Dwelling

\_\_\_\_\_ Two Family Dwelling

\_\_\_\_\_ Apartment Building or Condominium

\_\_\_\_\_ Addition or Alteration

\_\_\_\_\_ Sewer Lateral

\_\_\_\_\_ Water Lateral

\_\_\_\_\_ Non-Residential Application      Specify: \_\_\_\_\_

\_\_\_\_\_ Permit for work not listed elsewhere.

**Statement of Materials to be Used:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Estimated Cost of Plumbing Construction (Reasonable fair market value) \$** \_\_\_\_\_

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

~~~~~

**Permit No.** \_\_\_\_\_      **Issuance Date:** \_\_\_\_\_

**Approved by Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ELECTRICAL PERMIT**  
**Franklin Township, P.O. Box 118, Kemblesville, PA 19347**  
**Mark Gordon, Zoning & Code Enforcement Officer – 610-255-5212**

Date: \_\_\_\_\_ Township: Franklin Permit No: \_\_\_\_\_

**Job Site Address:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Name of Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Job Site Owner: \_\_\_\_\_ Experience Journeyman, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ License #: \_\_\_\_\_

**General Information**

Single Family Residence: \_\_\_\_\_ Multiple Residences: \_\_\_\_\_ Businesses: \_\_\_\_\_ Industrial: \_\_\_\_\_

New: \_\_\_\_\_ Remodel: \_\_\_\_\_ Repair: \_\_\_\_\_ Accessory Structure: \_\_\_\_\_

Pool: \_\_\_\_\_ Temporary: \_\_\_\_\_ Permanent: \_\_\_\_\_

Service Size – Voltage: \_\_\_\_\_ Amperage: \_\_\_\_\_ Phase: \_\_\_\_\_

Service wire size and gauge: \_\_\_\_\_ Metal (cu, al cu/al): \_\_\_\_\_

Grounding Electrode System: \_\_\_\_\_

Wiring Method: \_\_\_\_\_ NM \_\_\_\_\_ AC \_\_\_\_\_ MC \_\_\_\_\_ RNC \_\_\_\_\_ RMC \_\_\_\_\_ Size: \_\_\_\_\_ Type \_\_\_\_\_

Emergency Generator Voltage: \_\_\_\_\_ Amperage: \_\_\_\_\_ Size: \_\_\_\_\_

HVAC - Type: \_\_\_\_\_ Tonnage: \_\_\_\_\_ HP: \_\_\_\_\_ Voltage: \_\_\_\_\_ Amperage: \_\_\_\_\_

Baseboard Quantity: \_\_\_\_\_ Amperage Total: \_\_\_\_\_

Fire / Emergency System Type: \_\_\_\_\_ Quantity of Detectors: \_\_\_\_\_

Is a set of electric plans included with this or with the building application? \_\_\_\_\_

The applicant certifies that all information given is correct and that National Electric Code NFPA 70 and IRC will be complied with in performing the work for which this permit is issued.

Work must begin within one (1) year of permit issuance, or the permit shall become invalid.

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ESTIMATED COST OF ELECTRICAL CONSTRUCTION (Reasonable fair market value): \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**DRIVEWAY PERMIT APPLICATION**  
**Franklin Township, P.O. Box 118, Kemblesville, PA 19347**  
**Mark Gordon, Zoning & Code Enforcement Officer – 610-255-5212**

**Township:** Franklin      **Date of Application:** \_\_\_\_\_      **Permit Fee:** \$ \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_      **Email Address:** \_\_\_\_\_

**Name of Owner (If other than Applicant):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_      **Email Address:** \_\_\_\_\_

**Name of Contractor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_      **Email Address:** \_\_\_\_\_

**Property Address of Site:** \_\_\_\_\_

**Location of Driveway:** \_\_\_\_\_

\_\_\_\_\_

**Statement of materials and Construction to be Used:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge, and furthermore the property owner has authorized the work.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----

**Permit No:** \_\_\_\_\_      **Issuance Date:** \_\_\_\_\_

**Signature of Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(signature)

**Worker's Compensation Insurance Coverage Information**

A. Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law? \_\_\_\_Yes\_\_\_\_No

If the answer is "yes", complete **Sections B, C, D and E.** below as appropriate.

If the answer is "no", complete **Section E.**

---

B. Insurance Information

Name of Applicant: \_\_\_\_\_

Federal or State Employer Identification No: \_\_\_\_\_

The applicant is a qualified self-insurer for Workers' Compensation.

\_\_\_\_\_ Check if Certificate is Attached.

Name of Worker's Compensation Insurer: \_\_\_\_\_

Workers' Compensation Insurance Policy Number: \_\_\_\_\_

\_\_\_\_\_ Check if Certificate is Attached.      Policy Expiration Date: \_\_\_\_\_

---

C. Is the applicant using any subcontractor(s) on this project? \_\_\_\_Yes\_\_\_\_No

If the answer is "yes", the applicant hereby certifies that all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.

---

D. Exemption: Complete Section D 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 the Pennsylvania 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 Franklin Township.

\_\_\_\_\_ Religious exemption under the Workers' Compensation Law

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

---

E. Signature of ALL Applicants: \_\_\_\_\_

Address: \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## PLOT PLAN / SKETCH PLAN AREA

**Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

[illegible]

The Plot Plan must show the size and location of all structures and wells on the property and the distance to property lines.  
(Hand Drawn is Acceptable)

Is your drawing to scale? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, what is the scale? \_\_\_\_\_

**Franklin Township, P.O. Box 118, Kemblesville, PA 19347**  
**Mark Gordon, Zoning & Code Enforcement Officer – 610-255-5212**