



Upper Southampton Township

Department of Licenses and Inspections

939 Street Rd. Southampton, Pa. 18966 Phone: 215-322-9700 Fax: 215-322-5842

APPLICATION for ZONING and BUILDING PERMIT

APPLICATION INSTRUCTIONS: All applicants complete parts 1-5 of this form. For plumbing work, complete parts 6 and 7. mechanical work, complete parts 8 and 9. Electrical work, complete parts 10 and 11. For zoning complete part 12. For pools complete 12 thru 15. All other permits include additional information. Attach two copies of building construction plans, site plan and erosion & sediment control as required.

Application Date:	Type of Permit: (Circle all that apply) Zoning Building Electrical Mechanical Plumbing Site Work Other	Is owner the applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Applicant	Contact Information	Business Name
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1. Property Information

Street Address	Apt.	Zip	Parcel Number 48-	Zoning District
			Parcel Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other (List):	

1a. Floodplain Information

Is the property located in the Special Flood Hazard Area (SPFA)? (attach floodplain plan) <input type="checkbox"/> Yes <input type="checkbox"/> No	Note: Any improvement in a SPFA requires a Floodplain Development Permit and approval by the Floodplain Administrator.
If yes, please provide zone?	

1b. Stormwater Management : Chapter 153 of Code of Ordinances

What Watershed District is property located? Please circle one: <div style="display: flex; justify-content: space-around; text-align: center;"> <div>Neshaminy Creek</div> <div>Pennypack Creek</div> <div>Poquessing Creek</div> </div>
Area of impervious surface added: _____
Area of disturbance: _____
An additional Stormwater Application and Plan may be required if impervious surface and/or areas of disturbance exceed thresholds permitted by Chapter 153.

2. Owner Information

Last Name:	First Name:	Phone:
Street:	City, State, Zip:	
Cell Phone	Fax Number	Email:

3. Contractor Information

Last Name:	First Name:	Email:	
Street:	City, State, Zip:	Reg.#	State Reg#
Phone:	Cell Phone:	Fax:	

4a. Building Permit Application

Improvement Type: <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of Use Only <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation Only <input type="checkbox"/> New Construction <input type="checkbox"/> Use and Occupancy <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Site Work <input type="checkbox"/> Siding <input type="checkbox"/> Roofing Residential <input type="checkbox"/> Roofing Commercial <input type="checkbox"/> Other (List) _____	Use Groups: <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Factory <input type="checkbox"/> Garage/ Utility <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Storage <input type="checkbox"/> Other (List): _____
Height Above Grade (feet)	Fireplaces (number)
Stories (number)	Deck (dimensions)
Bedrooms (number)	Pool (dimensions)
Full Baths (number)	Gross SQ Footage
Partial Baths (number)	<input type="checkbox"/> Other (List a brief description of project):
Garages (dimensions)	

4b. Zoning use Information

Present use of Property:
Proposed use of Property and Nature of Improvement:
Building Improvements:
Estimated Value \$:

5. CERTIFICATON

I hereby certify that I am the owner 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 an authorized agent. I hereby certify that the information in this Application is true and correct and further 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 per Pennsylvania Uniform Construction Code, Act 45 of 2004.

Signature of Owner (Required)

Print Name

Date

OFFICE USE ONLY:

Signature of Zoning Official: _____

Date: _____

Signature of Building Code Official: _____

Date: _____

Signature of Floodplain Administrator: _____

Date: _____

6. Plumbing Contractor Information

Last Name:	First Name:	Phone:
Street:	City, State, Zip:	
Cell Phone:	Fax #:	Reg.#

7. Plumbing Permit Application - Enter the number of fixtures being installed, submit specs for pump/ejectors

#	#	#	#
Tubs/showers	Bidets	Sewage Ejectors	Sewers
Shower Stalls	Drinking Fountains	Dishwashers	Gas Piping
Lavatories	Floor Drains	Grease Traps	Laundry Tubs
Toilets	Water Heaters	Back Flow Preventers	Sump Pumps
Urinals	Water Softeners	Water Pumps	Lawn Irrigation (# of heads)
Sinks	Other:		
Public Water <input type="checkbox"/> YES or <input type="checkbox"/> NO		Public Sewer <input type="checkbox"/> YES or <input type="checkbox"/> NO	
Total # of fixtures:			
Water Service Size Inches		Water Meter Size Inches	
Utility Service Revisions:			
Est. Start Date:	Est. Finish Date:	Plumbing Work Est. Value \$:	

8. Mechanical Contractor Information

Last Name:	First Name:	Phone:
Street	City, State, Zip:	
Cell Phone:	Fax Number :	Reg.# State Reg#

9. Mechanical Permit Application - Enter the number of new or replacement units – Submit Specifications:

#	#	#
Forced Air Furnace	Incinerator	Air Handling Unit
Unit Heater	Boiler	Heat Pump
Gas/Oil Conversion	Wall HVAC Unit	Water Heater
Fire Place	Split System A/C	Appliances
Solid Fuel Appliance	A/C Compressor	Hydronic System – Hot Water
Utility Service Revisions:		
Type of Heating Fuel: (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		
Est. Start Date:	Est. Finish Date:	Mechanical Work Est. Value \$:

10. Electrical Contractor Information

Last Name:	First Name:	Phone:
Street	City, State, Zip:	
Cell Phone:	Fax Number :	Reg.#

11. Electrical Permit Application - Enter the number of fixtures being installed

Type of Work	#	Type of Work	#
Switching Outlets		Bonding	
Lighting Outlets		Service Feeders	
Receptacle Outlets		HVAC	
Range/Oven		Switching Devices	
Dryer, Electric		Transformers	
Water Heater, Electric		Smoke Detectors	
Heating, Electric		Electrical Work Estimated Value \$:	
Service Panel Size		Third Party Inspection Required for all work	

ZONING SPECIFICATION INFORMATION REQUIRED:

Please complete the following applicable information

12a. Accessory Residential Structures: fences, sheds, garden structures, patios, paving and/or curb. Include on our plans the area (square feet) of all new buildings and impervious surfaces.

PERMIT TYPE	Description	Dimensions or Length
Curb		
Fence		
Patio		
Paving		
Pool		
Shed		
Other		

12b. Provide the dimensional measurements of all existing and proposed buildings/additions and any other existing or proposed impervious surface. These should be specified for each building or impervious surface on your site plan and summarized below. Required Site plan must show Setbacks

	Dimensions	
Lot Area		
Existing Building Coverage (house, garage, shed, etc.)		
Proposed New Building Coverage		
Total Proposed Building Coverage		
Existing Impervious Surfaces (driveways, patios, concrete pads, etc.)		
Proposed New Impervious Surfaces		
Impervious Surfaces to be Removed		
Total Proposed Impervious Surfaces		

12c. Sign Information

Type of Sign (check- appropriate)	Illumination of Sign: (Check Appropriate) <input type="checkbox"/> Non Illuminated <input type="checkbox"/> Directly Illuminated (Illuminated Within) <input type="checkbox"/> Indirectly Illuminated (Illuminated With Outside Light Source)	Area of Sign: A. Size of Sign (Sq Ft.)_____
<input type="checkbox"/> Free Standing (self supporting sign on poles) <input type="checkbox"/> Parallel (Mounted Flush on a wall or Vertical Wall Surface) <input type="checkbox"/> Projecting (Mounted Perpendicular to a wall)		

Building Permit is required for all NEW Free Standing Sign Structures; face changes do not require Building Permits.

13. Pool Specifications

_____ **In-Ground Pool**

_____ **Above Ground Pool**

During construction, and upon completion and filling a pool, a four (4) foot approved fence must be in place with self-closing, self-latching gates and doors.

13a. Specify:

Pool Heater Type (**Enclose manufacturer's specifications for heater**):

None

Gas

Electric

Model No./Size (specify): _____

Fence Height: _____ Fence Style: _____

13b. SPECIAL POOL INSTRUCTIONS: Reference the Pool Permit Requirements handout and attach the following information

1. (2) Site plans – showing pool elevation, grading, and setbacks
2. For an in-ground pool – two (2) sets of signed and sealed plans of construction and installation, by a design professional
3. Heater, filter & motor specifications
4. Specify type of ladder and/ or stairs
5. Fence – Specifications & Details

ZONING PERMIT CONDITIONS

PERMIT FEE WORK SHEET

Official use only

Permit Type

Permit Fee

Building	
Zoning	
Plumbing	
Mechanical	
Electrical	
Occupancy	
Contractor Registration	
Fire Sprinkler	
Fire Alarm	
State Fee	
Other	

Total Fee Due: _____

(Make checks payable to Upper Southampton Township)