



LOWHILL TOWNSHIP
 7000 Herber Rd
 New Tripoli, PA 18066
 Phone: 610-298-2641
www.lowhilltwp.org

BUILDING/ZONING PERMIT APPLICATION

<u>TOWNSHIP USE ONLY</u>	
Permit # _____	
Accepted/Denied By _____	
Received Stamp	

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Address _____ Zoning District _____
 Subdivision/Development Name & Lot# (If Known) _____ Tax Map Id# (If Known) _____

RESPONSIBLE PARTIES

Is this Application being made by the Property Owner? Yes No → If Not, Then by Whom? Tenant Contractor Other

APPLICANT: _____ Phone #: (____) _____
 Address: _____ Alternate Phone #: (____) _____
 _____ Email Address: _____

PROPERTY OWNER: _____ Phone #: (____) _____
 Same as Applicant
 Address: _____ Alternate Phone #: (____) _____
 _____ Fax #: (____) _____
 Point of Contact: _____ Email Address: _____

CONTRACTOR _____ Phone #: (____) _____
 Not Applicable Property Owner
 Address: _____ Alternate Phone #: (____) _____
 PA Registration # _____ Point of Contact _____ Email Address: _____

PLUMBING CONTRACTOR _____ Phone #: (____) _____
 Not Applicable Property Owner
 Address: _____ Alternate Phone #: (____) _____
 PA Registration # _____ Point of Contact _____ Email Address: _____

ELECTRICAL CONTRACTOR _____ Phone #: (____) _____
 Not Applicable Property Owner
 Address: _____ Alternate Phone #: (____) _____
 PA Registration # _____ Point of Contact _____ Email Address: _____

PLEASE CHOOSE PERMIT TYPE (One or Multiple):

- A. BUILDING PERMIT will be for:** Not Applicable
- New Structure/Building Foundation only
 - Addition to Building/Structure Temporary Structure
 - Accessory Structure +500 s.f. Deck + 30" off grade
 - Exterior Alterations Interior Alterations
 - Alarm or Fire Suppression System Swimming Pool
 - Electrical, Plumbing and/or Mechanical HVAC improvements

- Demolition Hot Tub/Spa
- Emergency Repair Other _____

DESCRIPTION OF PROPOSED WORK FOR APPLICATION:

B. ZONING PERMIT will be for: Not Applicable

- New Use Change of Use
- Shed/Accessory Structure (less than 500 s.f.)
- Accessory Farm Structure (+500 s.f.)
- Fence Deck, less than 30" off grade

- Exterior Alterations, (i.e. patios, retaining walls, etc.)
- Razing/Demolition Temporary Structure
- Sign Other _____

C. GRADING PERMIT Not Applicable

(PLEASE COMPLETE THIS SECTION AS APPLICABLE)

D. NEW STRUCTURES/USES:

1. New Accessory Structure/Shed/Swimming Pool/Hot Tub Not Applicable

Are there any other accessory structures/sheds on the property? No Yes If yes, how many? _____ Total Area _____

New Structure Length (Ft) _____ X Width (Ft) _____ = **TOTAL AREA OF THE NEW STRUCTURE** _____ (Sq. Ft.)

Structure Height _____ (Ft) Number of Stories _____ Pool Depth _____ Type of Pool _____

2. Fence Not Applicable

Fence Height: _____ Number of Gates: _____ Type/Style: _____

3. Principal Structures – New/Alterations Not Applicable

- New Structure/Building Addition to Building/Structure

AREA OF NEW or RENOVATED FLOOR SPACE _____ (Sq. Ft.) **TOTAL AREA OF ALL FLOOR SPACE** _____ (Sq. Ft.)

1st Floor Space _____ (Sq. Ft.) 2nd Floor Space _____ (Sq. Ft.)

Garage Floor Space _____ (Sq. Ft.) Other Floor Space _____ (Sq. Ft.)

Structure Height _____ (Ft) Number of Stories _____

Residential Buildings Only: # of Bedrooms _____ # of Bathrooms _____ # of Garage Doors _____

4. Structure Utilities Not Applicable

Heat Source: Oil Gas Electricity Geothermal Solar Propane Other None

Source of Water Supply: Public On-Lot Well Other None

Sewage Disposal: On-Lot Public Private System None

E. LOT DIMENSIONS, PROPOSED SETBACKS & IMPERVIOUS COVER:

Impervious Cover:

New Impervious Coverage _____ s.f. N/A

Existing Building/Impervious Coverage _____ s.f.

Total Impervious Coverage _____ s.f.

Setback - Property Line to Use

Front Yard (Ft) _____

Rear Yard (Ft) _____

Left Side Yard (Ft) _____

Right Side Yard (Ft) _____

Lot Dimensions

Width (Ft) _____

Length (Ft) x _____

Total Lot Area _____ (Sq. Ft.)
or Acre(s) _____

F. PLUMBING IMPROVEMENTS: Not Applicable

- Plumbing Fixtures Septic System Repair Plumbing Only

PLUMBING INFORMATION - Please enter the number of fixtures being installed, replaced or repaired.

Tubs/showers: _____	Laundry tubs: _____	Sump pumps: _____
Shower stalls: _____	Dishwashers: _____	Sewage ejectors: _____

Lavatories: _____	Garbage disposals: _____	Grease traps: _____
Toilets: _____	Drinking fountains: _____	Back flow preventers: _____
Urinals: _____	Floor drains: _____	Water pumps: _____
Bidets: _____	Inside downspouts: _____	Water softeners: _____
Sinks: _____	Swimming pools: _____	Parking lot drains: _____
Water heaters: _____	Lawn sprinklers: _____	Roof openings: _____

Detailed description of work: _____

G. ELECTRICAL IMPROVEMENTS: Not Applicable

New/Upgrade Electrical Service Electrical Improvements/Modifications No. of New Outlets _____ No. of Services & Feeders _____ Amps per service and feeders _____

ELECTRICAL DEVICE COUNT SHEET

Device	No.	Device	No.	Device	No.
Rough Wire		Feeders & Panel Boards		Transformers, Vaults, Enclosures	
Outlets		Less than 200 amp		Less than 200 Kv	
Final Wire		Less than 350 amp		Less than 500 Kv	
Outlets		Less than 1000 amp		Less than 1000 Kv	
Services		Less than 1500 amp		Over 1000 Kv	
Less than 200 amp		Over 1500 amp		Swimming Pools/Spas	
Less than 350 amp		Motors, Generators, Transformers		Above ground (1 visit)	
Less than 1000 amp		1 HP - 30 HP or KV		Inground (2 visits)	
Less than 1500 amp		50 HP - 100 HP or KV		3 Year State Certification	
Over 1500 amp		Signs (1 transformer/sign)		Spa/Hot Tub	
Heating & A/C		Mobile Homes		Protective Signaling System	
30 Kw or Less		Service		Residential	
Over 30 Kw		Feeder		Non-Residential	

Detailed description of work: _____

H. MECHANICAL / HVAC IMPROVEMENTS: Not Applicable

Type of Heating Fuel: Natural gas Propane gas Oil Electric Other: _

MECHANICAL / HVAC INFORMATION

Please enter the number of new or replacement units.

Forced air furnace: _____	Incinerator: _____	Air handling unit: _____
Unit heater: _____	Boiler / water heater: _____	Heat pump: _____
Gas / oil conversion: _____	Coil unit: _____	Air cleaner: _____
Space heater: _____	Window A/C unit: _____	Kitchen exhaust hood: _____
Gravity furnace: _____	Split system A/C unit: _____	Hazardous exhaust system: _____
Solid fuel appliance: _____	A/C compressor: _____	Electric furnace: _____

I. GRADING TYPE Not Applicable

New Home In-ground Pool New Land Development Total Acres to be Graded _____ Average Slope _____ %

PLEASE NOTE IN REGARD TO GRADING: A Certificate of Occupancy will not be issued after April 15th or before October 30th without final lot grading approval by the Township Engineer. A Temporary Certificate of Occupancy may be issued on or after the September 30th or on or before April 15th if recommended by the Township Engineer.

J. FLOODPLAIN Not Applicable

Is the site location within an identified flood hazard area? No Yes (If yes, the Floodplain Development Application must also be completed)

K. ESTIMATED COST OF VALUE/CONSTRUCTION \$ _____ (To the Nearest Dollar)

L. PLEASE NOTE FOR ALL BUILDING PERMITS: A Lowhill Township Certificate of Occupancy will be issued after receipt of the Building Permit Certificate of Compliance indicating FULL compliance with all Lowhill Township Ordinances. **Occupancy of the building cannot take place until both building construction and site construction are completed as per the approved Building Permit, approved site plan and both Township Certificates have been issued.**

By signing below, the Applicant and Owner certify and acknowledge the following:

I/We hereby certify that as applicant, owner, contractor, agent or other that I/we completed and read the foregoing application, and that the information and statements in this application and other representations contained in all accompanying plans are made a part of this application and are true and correct to the best of our knowledge and belief. The applicant, not the Township, is responsible for locating property lines, setbacks lines, rights-of-way, etc. and confirming any relevant private restrictions, easements or other property conditions that may affect the location of proposed improvements.

I/We do hereby agree to observe and adhere to the Lowhill Township Zoning Ordinance and/or Building Code and UCC requirements, and do further agree and understand that failure to do so shall constitute a violation of any permit issued per this application, which violation shall cause any permit to become null and void, and revocable by Lowhill Township. I/We certify that the code official or 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 APPLICANT(S) _____ DATE _____

SIGNATURE OF PROPERTY OWNER(S) _____ DATE _____

*******Payment must be submitted in CASH or CHECK only, payable to: "Lowhill Township".*******

*******DO NOT WRITE BELOW: OFFICE USE ONLY*******

DATE APPLICATION RECEIVED _____ ZHB APPROVAL REQUIRED _____ DATE OF ZHB HEARING _____

PERMIT FEES		OTHER PERMIT FEES			
Building Permit Fee	\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____ Receipt # _____	Plumbing	\$ _____	Mechanical \$ _____
Zoning Permit Fee	\$ _____		Electrical	\$ _____	Other \$ _____
Other Permit Fee	\$ _____				
Administration Fee	\$ _____				
BALANCE OF FEES DUE	\$ _____	Zoning Permit Application Approved: _____		Date _____	
		Building Permit Application Approved: _____		Date _____	

SITE OR PLOT PLAN (For Applicant Use) *SEE SAMPLE PLOT PLAN BELOW*

Check here if separate document(s) attached

North

Please use this space to sketch your proposed improvement. You may attach separate drawing(s) as necessary.

At a minimum, sketches must include:

1. Draw and label the proposed improvement, existing structure(s), septic system utilities, etc. as they are located on the property;
2. Dimensions from the property line to the proposed improvement and the actual property lines;
3. Dimensions of the proposed improvement, i.e. 10' x 12' shed;
4. Any known easements that exist on the property.



LOWHILL TOWNSHIP
PLANNING & ZONING OFFICE
7000 Herber Rd
New Tripoli, PA 18066
Phone: 610-298-2641
www.lowhilltwp.org

**PENNSYLVANIA WORKERS COMPENSATION
INSURANCE COVERAGE INFORMATION AFFIDAVIT**

PLEASE READ DIRECTIONS BELOW BEFORE FILLING OUT THIS FORM.

A Building or Zoning Permit will not be issued by Lowhill Township until this form is completed properly.

Please complete all sections. All blank spaces must be completed with the requested information and boxes must be checked as they pertain to Contractor status with the Pennsylvania Workman's Compensation Insurance Law.

If you are SELF-EMPLOYED or claiming a religious exemption, this form must be signed in front of a NOTARY PUBLIC.

NOTE: This form will only be maintained in the Lowhill Township records for one (1) YEAR after the Building/Zoning Permit is issued. It is the responsibility of the contractor to renew this permit yearly. If the contractor wishes to provide a certificate of insurance, the contractor must notify their insurance company that Lowhill Township is to be named as the policy certificate holder on the certificate.



CONTRACTOR WORKER'S COMPENSATION AFFIDAVIT

Property Owner performing own work. I own this property and will perform all work myself. If I do hire contractors or employees to perform any work under the building permit issued in connection herewith, I, or my contractor will provide proof of worker's compensation insurance immediately. **(NO Notary Required)**

Contractor will perform work.

Name of Contractor _____

Title of Company _____

Address _____

City _____ State _____ Zip Code _____

Phone# (____) _____ Fax # (____) _____ Federal ID Number: _____

Choose only one of the following:

Contractor Certificate of Insurance. Attached hereto is my Certificate of Insurance or self-insurance evidence compliant with Pennsylvania's Worker's Compensation Law, which insurance or self-insurance remains in full force and effect. **(NO Notary Required)**

Contractor is self-employed and has no employees. As contractor, I will perform all work required in connection with this permit myself. I have no employees and will use no subcontractors. I understand that I am prohibited by law from employing any individual to perform work under the permit issued in connection herewith, unless I provide proof of insurance to Lowhill Township. After receipt of the permit, if employ any other persons, I agree to notify Lowhill Township and immediately provide proof of workers compensation coverage **(NOTARY REQUIRED)**.

Contractor is self-employed and uses subcontractors. I have no employees and will use only subcontractors in performing the work under the permit issued in connection herewith. Prior to commencement of the work I have been provided with evidence or workers' compensation insurance coverage for each subcontractor I will use in performing the work. Alternately, I have been provided with evidence that non-covered subcontractors have no employees and I will not allow them to use employees on the job unless further evidence or worker's compensation coverage is provided to me **(NOTARY REQUIRED)**.

Religious Exemption. All of my employees who will perform work under the permit issued in connection herewith are exempt on religious grounds under Section 304.2 of the Worker's Compensation Act. By way of further explanation, please state your specific reason for this exemption: _____
_____ **(NOTARY REQUIRED)**

I agree that my failure to comply with the matters set forth in this Affidavit will result in a STOP WORK ORDER and it may not be lifted until proper Worker's Compensation coverage is obtained, or until further proof or exemption is submitted. I further agree that should any required Worker's Compensation coverage terminate during the progress of the work, that I will immediately notify Lowhill Township and understand a STOP WORK ORDER will be issued until coverage is reinstated. My signature on this form constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. 94904 relating to unsworn falsifications to Lowhill Township Municipal representatives or authorities.

Contractor
Signature _____

Name (Please Print) _____

Date _____

NOTARY REQUIRED

Subscribed and sworn to before me this

_____ day of 20____

seal

(Signature of Notary Public)

My Commission expires: _____

LOWHILL TOWNSHIP SAMPLE PLOT PLAN

This plan depicts the type of information you should provide when submitting a Zoning Permit. Arrows represent dimensions from property lines, structures, etc. which shall be provided.

