



## COMMERCIAL BUILDING PERMIT APPLICATION

Permit No.: \_\_\_\_\_

### PART 1 - INSTRUCTIONS

Listed below are the items that are required to be submitted to Sadsbury Township to apply for a commercial building permit. This list is not all inclusive for the construction project. Failure to submit the required items may result in permit denial.

1. This Building Permit Application must be made by the owner or lessee of the building or structure, or by the owner or lessee's agent. The agent may be a licensed design professional or a contractor employed in connection with the proposed work.
2. All applications must include two paper sets and one electronic set, submitted as a PDF, of site or plot plans and building construction plans.
3. For On-Lot Disposal Systems (OLDS / septic systems) approved permits from Sadsbury Township Sewage Enforcement Officer (SEO) are required, when applicable.
4. If a building permit project is for a new structure that has bathrooms, or for a building expansion or change in use that requires additional OLDS capacity, the applicant must also obtain review and approval of the OLDS by the Sadsbury Township SEO.
5. A separate Road Occupancy Permit application is required if any construction will occur within a township or state road bed, shoulder, or right-of-way.
6. A separate Stormwater Management Permit Application may be required in accordance with the Sadsbury Township Stormwater Management Ordinance.
7. All building permit applications must be accompanied by a Zoning Permit approved by Sadsbury Township unless the proposed work is building interior only, or otherwise waived by Sadsbury Township.

### PART 2 – LOCATION OF PROPOSED WORK

Property Street Address:

City, State, and Zip Code of Property:

Tax Parcel Identification Number:



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<b>PART 3 – PROPERTY OWNER</b>	
Name (person or entity that owns the property where the construction is proposed):	
Street Address (if different than location of proposed work):	
City, State and Zip Code:	
Telephone Number(s):	Email Address:

<b>PART 4 – APPLICANT or AGENT (if Applicant/Agent is different than property owner)</b>	
Applicant Name:	
Street Address (if different than address(es) provided above):	
City, State and Zip Code:	
Telephone Number(s):	Email Address:

<b>PART 5 – PROJECT CONTRACTOR</b>	
Name:	
Telephone Number (Cell):	Telephone Number (Office):
Email Address:	



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<b>PART 6 – PROJECT DESIGN PROFESSIONAL (architect or engineer, if applicable)</b>	
Name:	
Telephone Number(s):	Email:

<b>PART 7 – TYPE OF WORK</b>			
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Demolition
<input type="checkbox"/> Accessibility	<input type="checkbox"/> Change in Use	<input type="checkbox"/> Relocation	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Deck	<input type="checkbox"/> Pool	<input type="checkbox"/> Shed
<input type="checkbox"/> Sign	<input type="checkbox"/> Alteration	<input type="checkbox"/> Road Opening	<input type="checkbox"/> Electrical

<b>PART 8 –PROJECT DESCRIPTION</b>	
Estimated Cost of Construction: \$ _____	
Sq. Ft. of Conditioned Space:	Sq. Ft. of Unconditioned Space:
Stories Above Grade:	Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Floor Area (sq ft):	Floor Area New Construction or Addition:



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<b>PART 9 – ZONING AND SEO COMPLIANCE</b>	
Has a Sadsbury Township Zoning Permit Been Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Service: <input type="checkbox"/> Private <input type="checkbox"/> Public	Sewer Service: <input type="checkbox"/> Private <input type="checkbox"/> Public
Will the proposed construction activity require a new OLDS or an expansion to the existing OLDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has an OLDS permit been obtained from the Sadsbury Township SEO? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>PART 10 – FLOODPLAIN</b>
Is the site and/or building located within an identified Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will any portion of any floodplain area be developed? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and for PA Flood Plain Management Act (Act 166 1978, specifically section 60.3) (D).

<b>PART 11 – WETLANDS</b>
Is the site and/or building located within any identified wetlands area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will any portion of the wetlands area be developed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner/Agent shall verify that any proposed construction activity complies with the requirements of Commonwealth of Pennsylvania Department of Environmental Protection (25 PA code Chapter 105).

<b>PART 12 – STORMWATER INSPECTION AGREEMENT (if applicable)</b>		
<p>In accordance with the Sadsbury Township Stormwater Management Ordinance, I certify that (I or my agent) will contact the Sadsbury Township Engineer for all inspections of stormwater management facilities that are part of this Building Permit Application. I am aware that Sadsbury Township is NOT responsible for scheduling or performing any Stormwater Inspections.</p>		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Applicant/Agent Name</b>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Applicant/Agent Signature</b>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Date</b>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Owner Name</b>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Owner Signature</b>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Date</b>









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<b>PART 16 – MECHANICAL PERMIT</b>			
<b>Property Address:</b>			
<b>Building Code—New Construction</b> <ul style="list-style-type: none"> <li>• Int'l. Mechanical Code</li> </ul>	<b>Existing Building</b> <ul style="list-style-type: none"> <li>• Int'l. Mechanical Code</li> <li>• Int'l. Existing Building Code *</li> </ul>	<b>**IEBC—Compliance Method</b> <ul style="list-style-type: none"> <li>• Prescriptive</li> <li>• Classification of Work</li> <li>• Performance</li> </ul>	
<b>Construction Documents:</b>			
<input type="checkbox"/> Required		<input type="checkbox"/> Documents Signed & Sealed	
<b>Service(s):</b>			
<input type="checkbox"/> New <input type="checkbox"/> Upgrade <input type="checkbox"/> Replacement <input type="checkbox"/> Addition			
<b>Provide a Number Count for Each Mechanical Device/System:</b>			
___ Air Conditioner	___ Exhaust, Kitchen (Hood)	___ Furnace	___ Mini-Splits
___ Boiler	___ Expansion Tank	___ Heat Pump	___ Pool Heater
___ Cooking Appliance	___ Fireplace, Insert	___ Incinerator/Crematory	___ Smoke Control System
___ Clothes Dryer	___ Fire Suppression System	___ Hydronic Piping	___ Refrigeration System
___ Duct Heater	___ Fireplace, Masonry	___ Kiln, Ceramic	___ Steam Blowoff Valve
___ Duct Systems	___ Fireplace, Solid Fuel	___ Machinery Room	___ Ventilation System
___ Exhaust, Hazardous	___ Fuel Oil System (incl. tank)	___ Make-up Air Unit	___ Water Heater
<b>TOTAL NUMBER OF DEVICES/SYSTEMS = _____</b>			
<b>Fuel Gas Installer Certification: # _____</b>			
<b>Work Description:</b>			
<b>Mechanical Contractor:</b>			
<b>Telephone Number(s):</b>	<b>Email:</b>		





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**PART 17 – TOWNSHIP ROAD OCCUPANCY PERMIT**

Security Escrow/(1000.00): \$\$\$ \_\_\_\_\_

Township Road (Work Location):

New or Relocated Driveway:  Yes  No

Utility Opening:  Yes  No

PennDOT HOP Needed:  Yes  No

HOP Attached?  Yes  No

**Work Description:**

**Road Opening Contractor:**

Telephone Number(s):

Email:

The Township Supervisors may at any time revoke and annul this permit for the non-performance of or non-compliance with any of the permit's conditions, restrictions, and regulations.



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<b>PART 18 – WORKERS’ COMPENSATION INSURANCE COVERAGE</b>									
<b>A.</b>	The applicant is a worker within the meaning of Pennsylvania Workers’ Compensation Act: <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No           </div>								
<b>B.</b>	<b>Insurance Information</b>								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Applicant Name:</td> <td style="width: 50%; padding: 5px;">Federal or State Employer ID#:</td> </tr> <tr> <td style="padding: 5px;">           Applicant is qualified Self-Insurer for Workers’ Compensation:  <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No           </div> </td> <td style="padding: 5px;">           Certificate Attached:  <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No           </div> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">Applicant’s Workers’ Compensation Insurer Name:</td> </tr> <tr> <td style="padding: 5px;">Workers Comp Policy #:</td> <td style="padding: 5px;">Policy Expiration Date:</td> </tr> </table>	Applicant Name:	Federal or State Employer ID#:	Applicant is qualified Self-Insurer for Workers’ Compensation: <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No           </div>	Certificate Attached: <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No           </div>	Applicant’s Workers’ Compensation Insurer Name:		Workers Comp Policy #:	Policy Expiration Date:
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Applicant’s Workers’ Compensation Insurer Name:									
Workers Comp Policy #:	Policy Expiration Date:								
<b>C.</b>	<p><b>Exemption:</b> If applicant is a contractor claiming exemption from providing Pennsylvania Workers’ Compensation Insurance.</p> <p>The undersigned swears or affirms that he/she is not required to provide Pennsylvania Workers’ Compensation Insurance coverage under the provisions of the Pennsylvania Workers’ Compensation Act for one of the following reasons:</p> <p><input type="checkbox"/> Contractor with no employees (contractor is prohibited by law from employing any Individual to perform work pursuant to this permit).</p> <p><input type="checkbox"/> Religious Exemption under Pennsylvania Workers’ Compensation Act.</p>								
<b>Applicant Signature</b>	<b>Date</b>								



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**PART 19 – CERTIFICATION & ACKNOWLEDGEMENT**

**Applicant's Certification:**

As the owner or authorized agent of the project for which this application is filed, I certify that:

1. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. The building or structure described in this application will not be occupied until construction has been completed, all known code violations are corrected, and a Certificate of Occupancy has been received from the Sadsbury Township Building Codes Official.
3. This project will be constructed in accordance with the approved drawings and specifications (including required non-design changes and the Uniform Construction Code standards as specified in 34 PA Code).
4. Any changes to the approved building permit documents will be filed with Sadsbury Township.
5. If the applicant, applicant's agent, or design professional change, written notice shall be provided to Sadsbury Township.
6. No error or omission in the drawings, specifications, or application, whether approved or not, shall relieve the owner or applicant from constructing the work in any manner other than provided for in 34 PA Code. Misrepresentation of facts or statements may be cause for permit revocation by the Building Code Official.
7. The Building Code Official or authorized representative shall have the authority to enter areas covered by this permit at any reasonable hour to enforce the provisions of the code(s) applicable to the permit.
8. I/We have received a copy of the required inspections and are fully aware of these requirements.

_____ <b>Applicant/Agent Name</b>	_____ <b>Applicant/Agent Signature</b>	_____ <b>Date</b>
_____ <b>Owner Name</b>	_____ <b>Owner Signature</b>	_____ <b>Date</b>

**PART 20 – COMMERCIAL BUILDING PERMIT APPROVAL (to be completed by Sadsbury Township)**

_____ <b>Building Code Official</b>	_____ <b>Signature</b>	_____ <b>Date</b>
_____ <b>Fees Paid</b>	_____ <b>Check Number</b>	_____ <b>Received By/Date</b>



**COMMERCIAL BUILDING PERMIT APPLICATION  
REQUIRED INSPECTIONS – COMMERCIAL BUILDINGS  
PER THE REQUIREMENTS OF  
THE ICC RESIDENTIAL CODE AND PA UCC**

The following list is a fair representation of the inspections required for a Certificate of Occupancy for a new residential dwelling under the Pennsylvania Uniform Construction Code. This is not a complete list; the Sadsbury Township BCO may have other inspection requirements as warranted by each individual building permit's characteristics.

SETBACK

Performed after the lot has been staked out to ensure that the structure is laid out within the building envelope.

FOOTING

Performed after excavation, all forms are in place with all required rebar in place and properly supported, all debris removed from footing excavations, bottom of footings solid and capable of design support, depth pins at the edge of the footing, layout conforms to approved plan (no 'jumps' in footing at line of garage unless designed as such).

FOUNDATION

Poured concrete: performed after forms are completed, all required rebar is in place, no debris in forms, all penetrations properly formed

CMU: performed at the beginning to determine compliance with proper mortar head and bed joints.

BACKFILL

Performed after foundation walls are complete or forms are stripped for proper height, anchor bolt placement, damp/water proofing, perimeter drain, parging, and insulation, per design on approved plan. Also confirm that first floor deck is in place or walls are properly braced or no more than 4' of backfill.

FRAMING - ROUGH

Performed after entire structure is framed to determine compliance with code and design, anchor bolts/straps in place and compliant, jack studs, load bearing supports, proper fastening, braced wall lines, narrow wall bracing, roof tie-downs, foundation straps, sheathing- wall and roof, window and door installation per manufacturer's instructions and fire blocking, and energy sealing for draft blocking.

ROOFING

Performed at the same time as rough framing and includes underlayment, flashing, drip-edge, roof and soffit venting, shingles, and vent boots.



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PLUMBING- ROUGH

Performed at the same time as rough framing and includes laterals and services (sewer and water), water supply (test witness), drain-waste-vent (test witness), gas piping (test witness).

MECHANICAL- ROUGH

Performed at the same time as rough framing and includes ductwork, return air, combustion air, appliance location and utility feeds.

ELECTRICAL- ROUGH (shall be done before rough framing inspection)

Record name of inspecting agency and date of rough inspection. Inspections are required above all drop ceilings.

ENERGY CONSERVATION

Insulation, Tyvek (building wrap), window/door flashing, NFRC ratings for all fenestration-record to confirm compliance.

DRYWALL

Performed as the lay-up begins, to check fastening and fit, return if necessary, for follow-up.

SPRINKLERS

Performed as directed by the BCO.

FINAL

Perform final review of all systems: plumbing, mechanical, electrical, check total building, basement insulation and finish, confirm that grading (and landscaping) conforms to approved land plan.