

BRIDGETON TOWNSHIP
Office of Code Enforcement-Building-Zoning
 1370 Bridgeton Hill Road P.O. Box 200
 Upper Black Eddy Pa. 18972
 Telephone 610-982-5413 FAX 610-982-0405

App. Date ____/____/____	<h2 style="margin: 0;">CONSTRUCTION WORK APPLICATION</h2> <p style="margin: 5px 0 0 0;">Applicant shall submit TWO legible copies of all drawings/plans and construction documents. Commercial plans shall be signed/sealed by a Design Professional. Residential plans may have to be signed and sealed, depending on the complexity of the project.</p>	Is property located within an identified floodplain? Yes No
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Permit # _____ **TMP#** _____ **Fee \$** _____ **Ck #** _____ **Date** _____

PERMIT TYPE: ___ Building ___ Electrical/Alarm ___ Plumbing ___ HVAC/Mechanical/Sprinkler ___ Other

PROPERTY INFORMATION

Number	Street Name
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OWNER INFORMATION

(ALL INFORMATION MUST BE PROVIDED OR APPLICATION WILL BE REJECTED!)

First Name	Last Name or Business Name	Daytime Phone #
Email Address		Cell Phone #
Number	Street Name	City/Zip

CONTRACTOR INFORMATION

(ALL INFORMATION MUST BE PROVIDED OR APPLICATION WILL BE REJECTED!)

CONTRACTOR	LICENSE#	NAME	ADDRESS	DAYTIME PHONE# AND E-MAIL ADDRESS	Estimated CONTRACT VALUE \$
GENERAL					
ELECTRICAL					
ALARM					
PLUMBING					
HVAC/MECH					
SPRINKLER					
ROOFING					
OTHER					

COMPLETE FOR NEW CONSTRUCTION ONLY:

	NO.		SQ. FT. OF
Stories		Basement Area	
Bedrooms		1 st. Floor	
Full Baths		2 nd. Floor	
Partial Baths		3 rd. Floor	
Garage (bays)		Garage Area	
Height Above Grade		Attic	
Fireplaces (Custom)		Deck/Patio	
Fireplace (Factory)		Porch/Sunroom/Breakfast Nook	
TOTAL CONTRACT VALUE \$		FEE \$	TOTAL SQ. FT.

BUILDING PERMIT

PROPOSED GENERAL CONSTRUCTION WORK

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> COMMERCIAL FIT-OUT	<input type="checkbox"/> OFFICE FIT-OUT	<input type="checkbox"/> RETAIL FIT-OUT
<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> GARAGE	<input type="checkbox"/> ENCLOSED PORCH
<input type="checkbox"/> SUNROOM	<input type="checkbox"/> SUNROOM (WITH HEAT)	<input type="checkbox"/> DECK	<input type="checkbox"/> PATIO
<input type="checkbox"/> ROOF OVER Patio/Porch/Deck	<input type="checkbox"/> INTERIOR DEMOLITION	<input type="checkbox"/> KITCHEN/BATHROOM RENO	<input type="checkbox"/> FINISHED ATTIC
<input type="checkbox"/> FINISHED BASEMENT	<input type="checkbox"/> FINISHED BASEMENT (BEDROOM 2 nd means of egress)	<input type="checkbox"/> TOTAL BLDG DEMOLITION	
OTHER (Describe)			
FRAMING: _____ Steel _____ Masonry _____ Concrete _____ Wood _____ Other _____			
DETAILED DESCRIPTION OF WORK:			
Construction Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	CONTRACT VALUE FOR GENERAL CONTRACTOR \$		Total Project Sq. Ft.

ELECTRICAL / ALARM

ALL electrical permits shall be submitted <u>with two copies</u> of a wiring diagram which has been reviewed and approved by a third-party electrical underwriter (licensed in the Commonwealth of Pennsylvania) See "Electrical Plan Review/Inspection Policy" for more information. Applications submitted without approved wiring diagrams will be rejected!!		
Total Service _____ Amps	No. of Circuits ___ 2-Wire ___ 3-Wire ___ 4-Wire	No. of Services Outlets _____ 110V _____ 220V
New Service _____ Amps	Upgrade Service _____ Amps	
DESCRIPTION OF WORK:		
This is a partial list of local Third-Party Electrical Underwriters/Inspectors. Bridgeton Township neither endorses these agencies nor recommends them; this list is provided as a convenience to the applicant. Applicants may use any electrical underwriter/inspector that is licensed in the Commonwealth of Pennsylvania.		
Bureau Veritas North America (former Atlantic Inland) – (877) 392-9445	Code Inspections Inc. – (215) 672-9400	
Middle Atlantic Electrical Inspections – (215) 322-2626	Middle Department Inspection Agency – (800) 992-6342	
Municipal Inspection Corp – (215) 673-4434	United Inspection Agency – (215) 542-9977	
TOTAL CONTRACT VALUE \$		FEE \$

HVAC / MECHANICAL WORK / SPRINKLER

Residential System (check one) : <input type="checkbox"/> New <input type="checkbox"/> Replace	Commercial System (check one) : <input type="checkbox"/> New <input type="checkbox"/> Replace	
PROPOSED WORK: (SUBMIT CUT SHEETS FOR ALL NEW EQUIPMENT/DEVICES)		
NOTE: Heat Load Calculations, prepared by a qualified HVAC professional are required to be submitted for all HVAC system replacements and for any construction work using existing HVAC systems to heat the increased space. These heat load calculations shall be submitted in a format compliant with the ACCA "Manual J." Applications submitted without load calculations will be rejected!!!		
<input type="checkbox"/> Above ground Tank _____ gallons	<input type="checkbox"/> Electric Furnace	<input type="checkbox"/> Roof Top Unit
<input type="checkbox"/> AC Compressor	<input type="checkbox"/> Exhaust Hood	<input type="checkbox"/> Sprinkler System - Alteration
<input type="checkbox"/> Air Cleaner	<input type="checkbox"/> Electric Furnace	<input type="checkbox"/> Sprinkler System - New
<input type="checkbox"/> Air Handling	<input type="checkbox"/> Exhaust Hood	<input type="checkbox"/> Stand Pipe
<input type="checkbox"/> Alarm System - Alteration	<input type="checkbox"/> Fuel Tank _____ gallons	<input type="checkbox"/> Stove – Wood/Coal/Pellet
<input type="checkbox"/> Alarm System – New	<input type="checkbox"/> Fireplace/Fireplace insert	<input type="checkbox"/> Underground Tank _____ gallons
<input type="checkbox"/> Boiler	<input type="checkbox"/> Forced Air Unit	<input type="checkbox"/> Extension of existing supply/return ducts only
<input type="checkbox"/> Coil Unit	<input type="checkbox"/> Gas/Oil Conversion Unit	<input type="checkbox"/> Other
TOTAL CONTRACT VALUE \$		FEE \$

BUILDING PERMIT

PLUMBING WORK

**ENTER THE NUMBER OF FIXTURES BEING INSTALLED OR REPLACED
PROVIDE RISER DIAGRAM ON BACK OR SEPARATE SHEET**

FIXTURES:	QUANTITIES:				
	Basement	1 ST	2 ND	3 RD	4 TH OR ABOVE
Bath / Tubs / Showers					
Dishwashers					
Drinking fountains					
Ejector pumps					
Floor drains / Floor sinks					
Garbage Disposal / Grease trap / Interceptors					
Hose bibs					
Water heaters (expansion tank required)					
Sewer Vent Replacement					
Sinks / Mop Sinks					
Urinals / Water Closets					
Water or Sewer Line					
Water Softener					
Other:					
TOTAL FIXTURES					
TOTAL CONTRACT VALUE \$					FEE \$

NOTE: PERMIT SUBMISSION DOES NOT GRANT “APPROVAL” TO START WORK.

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; I understand that the issuance of the permit creates no legal liability, express or implied, on Bridgeton Township; and certify that all the above information is accurate. Permit expires if work is not started in 6 months, not completed in 12 months, or if work is discontinued for 6 months in the judgment of the Township. The Township Inspector, or the Inspector's authorized agent, is authorized to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the proposed work. Failure to comply with the above will result in a STOP WORK order.

Owner/Auth. Agent Signature (Print and Sign):	Date
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FOR OFFICE USE ONLY:

TYPE	NUMBER	PERMIT FEE	TYPE	NUMBER	PERMIT FEE	
BUILDING			SPRINKLER			
ELECTRICAL			ALARM			
PLUMBING			USE & OCC			
MECHANICAL			ZONING			
ROOF			CURB ESCROW			
DEMOLITION			PA STATE ACT 13		\$ 4.00	
OTHER						
SUBTOTAL			SUBTOTAL		TOTAL FEE	

_____ ZONING OFFICIAL	_____ DATE	_____ BUILDING INSPECTOR	_____ DATE
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A SITE PLAN SHOWING LOT LINES, EXISTING AND PROPOSED STRUCTURES WITH DIMENSIONS, EASEMENTS, AND PROPOSED SETBACKS FROM LOT LINES MUST BE SUBMITTED. IT IS RECOMMENDED THAT AN “AS-BUILT” SITE PLAN BE USED IF POSSIBLE. IF A SITE PLAN IS NOT AVAILABLE, PLEASE USE THE NEXT PAGE, OR INDICATE THAT A SEPARATE SITE PLAN IS ATTACHED.

BUILDING PERMIT

ZONING CONFORMITY

PROVIDE SKETCH FOR THE LOCATION OF PROPOSED STRUCTURE/IMPERVIOUS SURFACE

FOR NEW CONSTRUCTION, ADDITION, DECK, PATIO, SUNROOM, GARAGE, SHED, DRIVEWAY, FENCE
Applicant shall provide all required information including setback distances/measurements or application will be rejected!!!

REAR YARD	
LEFT SIDE	RIGHT SIDE
<div style="border: 1px solid black; width: 100px; height: 50px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">House</div>	
FRONT	

ZONING CONFORMITY INFORMATION

Impervious Coverage Calculations are Required for all Exterior Work

House Size (with garage) Footprint (sq. ft.)	Pool & Decking (exclude water area) (sq. ft.)
Driveway (sq. ft.)	Detached Garage (sq. ft.)
Walkway (sq. ft.)	Shed(s) (sq. ft.)
Concrete/Stone/Pavers Patio area (sq. ft.)	Proposed Work (sq. ft.)

A (total impervious area sq. ft. above) =

A. Total Impervious Area (sq. ft.)	B. Lot Size (sq. ft.)	(B divided by A) % Coverage Impervious=
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Zoning District	Max. Impervious	Front Setback	Side Setback	Rear Setback
EC – Environmental Conservation	15%	40	20	40
EC-A – Envir. Conservation – A	15%	40	20	40
R-3 – Lowest Density Residential	15%	40	20	40
R-2 – Low Density Residential	25%	30	20	40
R-1 – Medium Density Residential	25%	30	20	40
VR – Village Residential	75%	30	15	40
VC – Village Center	75%	30	15	40
CC – Commercial District	60%	50	20	50
I – Industrial District	60%	50	20	50

This Space For Office Use Only

*** IMPERVIOUS – INCAPABLE OF BEING PENETRATED BY WATER (HOUSE, DRIVEWAY, WALKWAY, PATIO, SHED, etc)
Plot plan of lot may be available in our records.

PROPOSED SETBACK INFORMATION

Front Yard Setback	Rear Yard Setback	Side Yard Setback (R)	Side Yard Setback (L)
Building Height	Crossing Easement? Yes _____ No _____		

BUILDING PERMIT