



LEHIGH ENGINEERING, LLC

P. O. BOX 1200
200 MAHANTONGO STREET
POTTSVILLE, PA 17901

PHONE : (570) 628-2300
FAX: (570) 622-2612
E-mail: lehigh@lehighengineer.com

UNIFORM CONSTRUCTION CODE

Building Permit Application Packet

Applications should be filled out completely and signature as required

Completed applications and the required documents outlined in this submission package may be submitted to this address below:

Lehigh Engineering, LLC
Building Code Department
P.O. Box 1200
200 Mahantongo St.
Pottsville, Pa 17901

? QUESTIONS ?

Phone: 570-628-2300

Fax: 570-622-2612

E-mail: glenne@lehighengineer.com

Cell Ph: 570-573-8441

Glenn Everett

Upon receiving your applications the plans will be reviewed and permit fees will be calculated using the fee schedule provided to the Township. You will be notified of the permit costs and upon receipt of your fees and approvals of your plans a UCC Permit will be issued.

An approved Zoning Permit must be provided to obtain a UCC Permit.

COMMUNICATION IS THE KEY TO TIMELY APPROVALS



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RESIDENTIAL PLAN REVIEW REQUIREMENTS

1. Plans shall be drawn to scale with size and location on the property (site plan) showing any existing buildings and their use. All set-backs required by the municipality shall be the responsibility of the permit holder.
2. Two (2) sets of plans are required and submitted on not less than 11 x 17 sheet paper with the floor plan and use of each room. Plans shall be submitted with all the following detailed information. **Homeowners are permitted to draw their own plans**
 - (a) Front, rear and sides elevations view (to verify egress)
 - (b) Footing and foundation: specify heights, depths to grade, thickness size & concrete strengths; cut away views preferred
 - (c) Foundation of pre-fab type walls provide manufacturer spec-sheets
 - (d) Building frame section views or additional details
 - (e) Roof design & load specifications (or manufacturer truss design)
 - (f) Frame lumber sizes & descriptions for all site framed areas
 - (g) Window sizes and 'R' Values for energy and egress compliance
 - (h) Design loads for engineered support beams
 - (i) Insulation 'R' Values for walls, ceilings and floors (specify type of insulation)
 - (j) Show garage / living area separation and opening protection types
 - (k) Perimeter drainage and damp proofing or vapor barriers under slabs
 - (l) Decks - provide details for all beam and joist spans, indicate all sizes PT lumber (Plans size 8 x 11) On Line *Deck Guide* [HELP LINK www.awc.org](http://www.awc.org)

3 Electrical Plan review

Floor plan indicating all outlet, switches, fans and lighting placement.
Wiring type and size
Location of Smoke and Carbon Monoxide Detectors indicated
Service and main panel location and sizes

4. Plumbing Plan Review

Line drawing indicating plumbing fixtures and piping sizes

5. Mechanical Plan Review

Location of equipment and duct work with 'R' Values
Specifications of equipment to be installed
Ventilation and exhaust systems CFM sizing
Combustion air calculations where required for appliances
Gas piping indicating location and sizing

COMMERCIAL APPLICANTS : Use same permit applications, submit three (3) sets of plans with a PA Licensed Professional STAMP and signature on all sets

ANY QUESTIONS? Ph. 570-573-8441

Mechanical _____ code official use **Plumbing** _____ code official use **Electrical** _____ code official use

Municipality WEST PENN TOWNSHIP County SCHUYLKILL

Construction Site Location _____ Date Received _____

Owner _____ Applicant/Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone # _____ State _____ Zip _____ Phone # _____

Describe Proposed Work in Detail: _____

ADDITIONAL CONTRACTORS USE ADDITIONAL FORMS PLUMBING / MECHANICAL PERMIT

Sub () Contractor _____ (if owner put same as above)	Technical Site Data					
	No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.
Address _____			Water Closet			Boiler / Furnace
			Urinal / Bidet			Sewer Lat/Conn
City _____ State _____ Zip _____			Bathtub			Backflow Prev.
			Lavatory			HVAC
Phone _____ Cell _____			Shower			Kitchen Hood
			Sink			Exhaust System
Federal Employee # _____ [Certification of Insurance for Workers Compensation needed or sign exemption form]			Dishwasher			Refrign Units
			Washing Mach.			Heat Pumps
Estimate Total Costs for This Work \$ _____			Hose Bib			Fire Dampers
			Water Heater			Water Connect.
(Official Use) — State Classification:						
New Residential _____ Other Residential _____						
New Commercial _____ Other Commercial _____						
Others: _____						

ELECTRICAL PERMIT

Utility WO #:

Sub () Contractor _____ (if owner put same as above)	Technical Site Data					
	No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.
Address _____			Lighting Fixture		KW	Range
			Receptacles			Disconnects
City _____ State _____ Zip _____			Switches			Roof Top Units
			Smk Detectors		KW	Generators
Phone _____ Cell _____			Motor-Fraction.			Emergency &
			Comun.Devices			Exit Lights
Federal Employee # _____ [Certification of Insurance for Workers Compensation needed or sign exemption form]			Alarm Dev./Sys.			Elec. Ht'r KW
			Pool Bonding			HVAC Unit
Estimate Total Costs for This Work \$ _____			Service Amp			Signs
			Sub-Panels			Survey Fee
(Official Use) — State Classification:						
New Residential _____ Other Residential _____						
New Commercial _____ Other Commercial _____						
Others Equip: _____						

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: _____
Owner () Contractor (x) Owner Representative () *Signature Required*

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CODE OFFICIAL USE ONLY

	Mechanical	Plumbing	Electrical
UCC Fee	_____	_____	_____
Plan Review Fee:	_____	_____	_____
Admin Fee:	_____	_____	_____
State Fee:	_____	_____	_____
Total Cost:	_____	_____	_____
NON UCC FEE:	_____	_____	_____

TOTAL FEES

\$ _____

☐ Plans Approved
☐ Plans Approved with Comments

Code Official: _____
State Cert. #: _____
Date: _____

Building Permit _____ code official use **Fire Protection Permit** _____ code official use

Municipality WEST PENN TWP County SCHUYLKILL

Construction Site Location _____ Date Received _____

Owner _____ Applicant/Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone # _____ State _____ Zip _____ Phone # _____

Describe Proposed Work in Detail: _____

BUILDING PERMIT

Contractor _____ **PA HIC #** _____
(if owner put same as above)

Address _____ ***Total Estimated Cost \$** _____

City _____ State _____ Zip _____ Total SQ FT _____ # of Stories _____ Height _____

Phone _____ Cell _____ Description of Work: _____

Federal Employee # _____
[Certification of Insurance for Workers Compensation needed or sign exemption form] SFD () Addition () Deck () Porch Roof () Garage () Pool ()

Additional Information: _____

(Official Use) State Classification: Use Group _____ **Construction Class** _____

New Residential _____ **Other Residential** _____ **New Commercial** _____ **Other Commercial** _____

FIRE PROTECTION PERMIT

Contractor _____ or/ Sub-Contractor _____
(if owner put same as above)

Address _____ Sprinkler System: _____ Sprinkler Heads # _____

City _____ State _____ Zip _____ Water Source: City [] Tank [] gallons _____

Phone _____ Cell _____ Alarm System: _____ Pull Stations _____

Federal Employee # _____ Fire Pump: _____
[Certification of Insurance for Workers Compensation needed or sign exemption form]

State Classification: (Official Use) Commercial Cooking Equip.: _____

New Residential _____ **Other Residential** _____ Exhaust Hood: _____

New Commercial _____ **Other Commercial** _____ ***Estimate Total Costs this Work** _____

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: _____
Owner () Contractor () Owner Representative () *Signature Required*

revised 2014

CODE OFFICIAL USE ONLY

UCC Building Fee: _____ + Fire Fee: _____ [] Plans Approved

Plan Review Fee: _____ [] Plans Approved with Comments

Admin Fee: _____ Code Official: _____

State Fee: _____ State Cert. #: _____

Sub-Total : _____ Total UCC Fees _____ Date: _____