



OFFICE USE ONLY

PERMIT # _____

APPLICATION FOR ZONING PERMIT

OWNER NAME _____ TAX MAP PARCEL # _____

PROPERTY ADDRESS _____

PHONE _____ EMAIL _____

PROPERTY TYPE Residential - \$50 Fee Commercial - \$150 Fee

REQUEST _____

PROPERTY ASSESSMENT

*Check the appropriate boxes as they pertain to your property. Please note that **a site plan is required to accompany all submissions.***

The property for which I seek a permit is subject to a conservation easement or deed restriction. **If this box is checked, a copy of the conservation or deed restriction must be attached.**

The property for which I seek a permit is located in either the Carversville Historical District or the Phillips Mill Historical District and is subject to HARB review and approval. **If this box is checked, a copy of the "Certificate of Appropriateness" related to this project must be attached.**

The property for which I seek a permit is managed by a homeowner's association. **If this box is checked, a copy of the Home-owner's Association approval for this project must be attached.**

The property for which I seek a permit is an active commercial or organic farm.

The property for which I seek a permit is **NOT** subject to any of the above.

AUTHORIZATION

I hereby agree that the Zoning Officer has a thirty (30) business day review period for this part of the application. I agree this project will not commence until a zoning permit has been issued.

APPLICANT SIGNATURE _____ DATE _____

OWNER SIGNATURE _____ DATE _____

(If Different From Applicant)

OFFICE USE ONLY

ZONING OFFICER COMMENTS _____

ZONING OFFICER SIGNATURE _____ DATE _____



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PERMIT # _____

BUILDING SUBCODE - TECHNICAL SECTION

A. IDENTIFICATION - APPLICANT

Complete all applicable information. When changing contractors, please notify the township office.

Work Site Location _____

Owner Name _____

Address _____

Phone _____ Email _____

Contractor Name _____

Address _____

Phone _____ Email _____

Worker's Compensation *Please choose one:*

Certificate of Liability Insurance

Must Include WC Policy Expiration Date

Worker's Compensation Exemption Form

Must include signature and seal of a certified Notary Public

Description of Work _____

B. BUILDING CHARACTERISTICS

Number of Stories _____

New Bldg Area / All Floors _____ Sq. Ft.

Height Structure _____ Ft.

Volume of New Structure _____ Cu. Ft.

Area – Largest Floor _____ Sq. Ft.

Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the contractor listed above and am authorized to make this application.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

APPROVED BY _____ DATE _____



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MECHANICAL SUBCODE - TECHNICAL SECTION

A. IDENTIFICATION - APPLICANT

Complete all applicable information. When changing contractors, please notify the township office.

Work Site Location _____

Owner Name _____

Address _____

Phone _____ Email _____

Contractor Name _____

Address _____

Phone _____ Email _____

Worker's Compensation *Please choose one:*

Certificate of Liability Insurance

Must Include WC Policy Expiration Date

Worker's Compensation Exemption Form

Must include signature and seal of a certified Notary Public

Description of Work _____

B. MECHANICAL CHARACTERISTICS

Please provide the quantity for each fixture and/or piece of equipment.

QTY

____ Fireplace
____ Fuel Oil Piping
____ Gas Piping
____ Hot Air Furnace
____ Hot Water Boiler

QTY

____ LPG Tank
____ Oil Tank
____ Steam Boiler
____ Water Heater
____ Other: _____

Estimated Cost of Mechanical Work \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the contractor listed above and am authorized to make this application.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

APPROVED BY _____ DATE _____

**OFFICE USE ONLY**

PERMIT # _____

ELECTRICAL SUBCODE - TECHNICAL SECTION

Note: Single-line diagram must accompany subcode form

A. IDENTIFICATION - APPLICANT*Complete all applicable information. When changing contractors, please notify the township office.***Work Site Location** _____**Owner Name** _____

Address _____

Phone _____ Email _____

Contractor Name _____

Address _____

Phone _____ Email _____

Worker's Compensation *Please choose one:***Certificate of Liability Insurance***Must Include WC Policy Expiration Date***Worker's Compensation Exemption Form***Must include signature and seal of a certified Notary Public***Description of Work** _____**B. ELECTRICAL CHARACTERISTICS***Please provide the quantity and size (when applicable) for each fixture and/or piece of equipment.*

	QTY		QTY	SIZE		QTY	SIZE
Alarm Devices / FAC Panel	_____	AMP Motor Control Center	_____	_____	KW Dishwasher	_____	_____
Communication Points	_____	AMP Service	_____	_____	KW Elec Dryer / Receptacle	_____	_____
Detectors	_____	AMP Subpanels	_____	_____	KW Elec Range / Receptacle	_____	_____
Emergency & Exit Lights	_____	HP Garbage Disposal	_____	_____	KW Elec Sign / Outline Light	_____	_____
Light Poles	_____	HP Motors 1/+ HP	_____	_____	KW Elec Water Heater	_____	_____
Lighting Fixtures	_____	HP / KW Space Heater	_____	_____	KW Oven / Surface Unit	_____	_____
Motors - Fract. HP	_____	HP / KW Air Handler	_____	_____	KW Transformer	_____	_____
Pool Permit w/ UW Lights	_____	KW Baseboard Heat	_____	_____	KW Generator	_____	_____
Receptacles	_____	KW Central A/C Unit	_____	_____	Other _____	_____	_____
Storable Pool / Spa / Hot Tub	_____						
Switches	_____						
Trenches	_____						

Estimated Cost of Electrical Work \$ _____**C. CERTIFICATION IN LIEU OF OATH***I hereby certify that I am the contractor listed above and am authorized to make this application.*

SIGNATURE _____ DATE _____

OFFICE USE ONLY

APPROVED BY _____ DATE _____

3092 SUGAN ROAD, PO BOX 139, SOLEBURY, PA 18963

PHONE (215) 297-5656 - FAX (215) 297-8402 -

PERMITDEPT@SOLEBURYTWP.ORG

Last Revised 08/2023



HVAC / WATER HEATER / BOILER INSTALLATION OR REPLACEMENT

REQUIRED INFORMATION

- Plot Plan Indicating Location of Outdoor Units
- Manufacturer's Specifications / Cut Sheet
- Residential Plans Examiner Review Form (New HVAC Installations Only)
- Electrical Subcode Form (If Applicable)
- Mechanical Subcode Form (If Applicable)

ELECTRICAL EQUIPMENT INFORMATION

TYPE OF EQUIPMENT

Air Conditioner	Electric Water Heater	Heat Pump
Boiler	Furnace	

UNIT 1

Manufacturer _____

Model _____

Over Current Protection _____ AMPS Conductor Size _____ AWG

Maximum Fuse Size _____ AMPS

UNIT 2

Manufacturer _____

Model _____

Over Current Protection _____ AMPS Conductor Size _____ AWG

Maximum Fuse Size _____ AMPS

MECHANICAL EQUIPMENT INFORMATION

TYPE OF EQUIPMENT

Air Conditioner	Furnace	Heat Pump
Boiler	Gas Water Heater	

UNIT 1

Manufacturer _____

Model _____

Heating Output Capacity _____ BTU Cooling Output Capacity _____ BTU

UNIT 2

Manufacturer _____

Model _____

Heating Output Capacity _____ BTU Cooling Output Capacity _____ BTU



Residential Plans Examiner Review Form for HVAC System Design (Loads, Equipment, Ducts)

Form
RPER 1.01
8 Mar 10

County, Town, Municipality, Jurisdiction
Header Information

Contractor _____
Mechanical License # _____
Building Plan # _____
Home Address (Street or Lot#, Block, Subdivision) _____

REQUIRED ATTACHMENTS¹

Manual J1 Form (and supporting worksheets):
or MJ1AE Form² (and supporting worksheets):
OEM performance data (heating, cooling, blower):
Manual D Friction Rate Worksheet:
Duct distribution system sketch:

ATTACHED

Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐

HVAC LOAD CALCULATION (IRC M1401.3)

Design Conditions

Winter Design Conditions

Outdoor temperature _____ °F
Indoor temperature _____ °F
Total heat loss _____ Btu

Summer Design Conditions

Outdoor temperature _____ °F
Indoor temperature _____ °F
Grains difference _____ Δ Gr @ _____ % Rh
Sensible heat gain _____ Btu
Latent heat gain _____ Btu
Total heat gain _____ Btu

Building Construction Information

Building

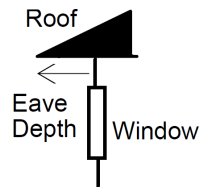
Orientation (Front door faces) _____
North, East, West, South, Northeast, Northwest, Southeast, Southwest

Number of bedrooms _____
Conditioned floor area _____ Sq Ft

Number of occupants _____

Windows

Eave overhang depth _____ Ft
Internal shade _____
Blinds, drapes, etc _____
Number of skylights _____



HVAC EQUIPMENT SELECTION (IRC M1401.3)

Heating Equipment Data

Equipment type _____
Furnace, Heat pump, Boiler, etc.
Model _____
Heating output capacity _____ Btu
Heat pumps - capacity at winter design outdoor conditions
Auxiliary heat output capacity _____ Btu

Cooling Equipment Data

Equipment type _____
Air Conditioner, Heat pump, etc
Model _____
Sensible cooling capacity _____ Btu
Latent cooling capacity _____ Btu
Total cooling capacity _____ Btu

Blower Data

Heating CFM _____ CFM
Cooling CFM _____ CFM

HVAC DUCT DISTRIBUTION SYSTEM DESIGN (IRC M1601.1)

Design airflow _____ CFM

External Static Pressure (ESP) _____ IWC

Component Pressure Losses (CPL) _____ IWC

Available Static Pressure (ASP) _____ IWC

ASP = ESP - CPL

Longest supply duct: _____ Ft

Longest return duct: _____ Ft

Total Effective Length (TEL) _____ Ft

Friction Rate: _____ IWC

Friction Rate = (ASP × 100) ÷ TEL

Duct Materials Used (circle)

Trunk Duct: Duct board, Flex, Sheet metal,
Lined sheet metal, Other (specify) _____

Branch Duct: Duct board, Flex, Sheet metal,
Lined sheet metal, Other (specify) _____

I declare the load calculation, equipment selection, and duct system design were rigorously performed based on the building plan listed above, I understand the claims made on these forms will be subject to review and verification.

Contractor's Printed Name _____ Date _____

Contractor's Signature _____

Reserved for use by County, Town, Municipality, or Authority having jurisdiction.

¹ The AHJ shall have the discretion to accept Required Attachments printed from approved ACCA software vendors, see list on page 2 of instructions.

² If abridged version of Manual J is used for load calculation, then verify residence meets requirements, see Abridged Edition Checklist on page 13 of instructions.



WORKER'S COMPENSATION EXEMPTION FORM

This form must be completed by each contractor involved in the project who is claiming exemption from providing workers compensation insurance. **All exemption forms must be notarized.**

APPLICANT NAME _____

PA LICENSE # _____ POLICY EXPIRATION DATE _____

The undersigned swears or affirms that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers Compensation Law for one of the following reasons:

Contractor with no employees - Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

Religious exemption under Worker's Compensation Law.

APPLICANT SIGNATURE _____ DATE _____

NOTORIZATION

The following section must be completed by a Notary Public.

Subscribed and sworn to me this ____ day

of _____, _____.

Signature _____

Commission Expiration Date _____

SEAL