



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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## 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 \_\_\_\_\_

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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 \_\_\_\_\_

PA License Number \_\_\_\_\_

*Contractors must be licensed in Pennsylvania. To register please visit <https://hic.attorneygeneral.gov/login.aspx>***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 \_\_\_\_\_



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## 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 \_\_\_\_\_

PA License Number \_\_\_\_\_

Contractors must be licensed in Pennsylvania. To register please visit <https://hic.attorneygeneral.gov/login.aspx>

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



## GENERATORS

### REQUIRED INFORMATION

- Plot Plan Identifying Placement of Generator (Includes distances from lot lines, buildings, and operable windows)
- Manufacturer's Specifications / Cut Sheet
- Electrical Subcode Form (If Applicable)
- Mechanical Subcode Form (If Applicable)

### ELECTRICAL EQUIPMENT INFORMATION

#### GENERATOR

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

Unit Size \_\_\_\_\_ KW

#### TRANSFER SWITCH

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

Over Current Protection \_\_\_\_\_ AMPS      Conductor Size \_\_\_\_\_ AWG

#### BURIED CABLES

Type of Cable \_\_\_\_\_

Is Cable In Conduit?      Yes      No      If Yes, Type of Conduit \_\_\_\_\_

Burial Depth \_\_\_\_\_ Inches

#### PANEL

Replacement Service Panel \_\_\_\_\_ AMPS

### MECHANICAL EQUIPMENT INFORMATION

#### FUEL TYPE

Natural Gas

Propane

Not Applicable

If using **NATURAL GAS**, please provide a gas line diagram that identifies the gas line material, gas line sizing, location of sediment traps, location of shut-offs, location of vibration isolation, length of pipe run, and method of support (gravel base, concrete pad, etc).



## 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 \_\_\_\_\_

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### NOTORIZATION

*The following section must be completed by a Notary Public.*

Subscribed and sworn to me this \_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_.

Signature \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_

SEAL