



Wallace Township
1250 Creek Road
P. O. Box 670
Glenmoore, PA 19343
610-942-2880 (office)
610-942-4917 (fax)

WALLACE TOWNSHIP PERMIT APPLICATION

SPECIAL REQUIREMENTS

1. Building permit applications are dropped off and picked up at Wallace Township Building.
2. If a well permit is required contact Chester County Health Department District 610-869-0560, Stan Corbett.
3. Non-Residential Construction: Two sets of Construction drawings to which a registered architect or engineer has applied his or her seal and signature are required. One set will be returned with the permit. LTL performs all plan reviews and inspections, including accessibility. PA Dept. of L & I will not be involved.
4. If the application is for a new home or an addition to existing home increasing bedrooms, a Septic System permit is required. Contact Chester County Health Department 610-869-0560.
5. If any digging or earthmoving activities are to be conducted contact Chester County Conservation District at 610-696-5126.
6. Call 24 hrs prior to schedule inspections Tuesday and Thursdays between 9:00 to 3:00.
7. The fee is waived for senior citizens (over 65 years) who are residents of the Township and who make application for a permit for an addition to their existing single-family dwelling which they must both own and reside in. Fees are payable on all other building permit applications.
8. For any building that was destroyed by fire or other "act of God" the fee for rebuilding on the same foundation shall be reduced to 75% of the calculated fee for "new construction" as listed.
9. Any building questions contact LTL Consultants at 610-987-9290 or our Toll Free number 1-888-987-8886.

WALLACE TOWNSHIP PERMIT APPLICATION

REQUIREMENTS FOR OBTAINING A BUILDING PERMIT

1. Proof of ownership or authorized agent representing property is required.
2. The applicant must complete a Uniform Construction Permit Application (attached). All questions must be completed since all information provided determines issuance of the permit.
3. Building Plans and list of Materials must be submitted with the application.
4. A Plot Plan on a separate sheet showing size and location of all structures, either on-lot sewage or public sewer tie in, on-lot water well and distance to property lines (hand drawn is acceptable).
5. Copy of Workers' Compensation Certificate. (See attached form)
6. Copy of the Erosion and Sedimentation Plan and approval letter from Chester County.
7. If the application is for a New Home, a septic system permit from Chester County or evidence of a tapping or connection fee being paid to the respective public sewer entity must be submitted with the application.

A road crossing permit may be required for excavating to a sewer tap or water tap. Check with LTL staff for requirements in your Municipality (local and state).
8. If the application is for a New Home, a copy of the well permit from Chester County must be attached.
9. If the application is for additions involving bedrooms, Sewage Enforcement Officer must also verify by letter, the adequacy of existing on lot septic systems prior to the issuance of permit.
10. An Electrical Permit is required with all residential and commercial building permits. The application will be provided with the permit application.
11. A Plumbing Permit is required with all residential and commercial building permits. The application will be provided with the permit application.
12. A Driveway Permit is required for any new driveway. If the driveway abuts a State Route, a PennDOT Highway Occupancy Permit is required.
13. The applicant should have stakes placed at the corners where the structure is to be built. The building inspector will check this stakeout before the building permit will be issued.
14. If the proposed construction is for a non-residential building, a Land Development Plan is required.
15. If a Non-Residential building is to be constructed, the application must submit a set of construction drawings to which an architect or engineer has applied his seal.

Most Permit fees are based on square footage using the rate in the Municipality schedule of Fees. Payment is required upon issuance of permit and prior to construction. All fees shall be payable to the Municipality.

Permits shall be granted or refused within 30 days as per the Uniform Construction Code requirements after the written application has been submitted and determined complete. Permits are issued for one (1) year and may be renewed annually up to three times. LTL makes every effort to process and issue permits within 10 working days. Questions regarding permits can be directed to LTL @ 610-987-9290 or 888-987-8886.

LTL CONSULTANTS, LTD.

610-987-9290

ZONING/UNIFORM CONSTRUCTION PERMIT APPLICATION

LOCATION OF PROPOSED WORK OR IMPROVEMENT

County: _____ Municipality: _____
Site Address: _____ Tax Parcel # _____ Lot # _____
Lot Size: _____ Subdivision/Land Development: _____ Phase: _____ Section _____
Owner/Applicant Name: _____ Phone # _____
Mailing Address: _____
Principal Contractor: _____ Phone # _____
Mailing Address: _____
Architect: _____ Phone # _____

TYPE OF WORK OR IMPROVEMENT

- checkbox New Building checkbox Addition checkbox Alteration checkbox Repair checkbox Demolition checkbox Relocation checkbox Sign
checkbox Foundation Only checkbox Change of Use checkbox Plumbing checkbox Mechanical checkbox Electrical checkbox Other

Describe the proposed work _____

ESTIMATED COST OF CONSTRUCTION (Reasonable fair market value) \$ _____

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL OR ACCESSORY THERETO

NON-RESIDENTIAL

- checkbox One-Family Dwelling (R-3)
checkbox Two-Family Dwelling (R-3)

Specific Use: _____
Use Group: _____
Change in Use: checkbox Yes checkbox No
If YES, Indicate Former: _____
Maximum Occupancy Load: _____
Maximum Live Load: _____

BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: _____ Existing, _____ Proposed
Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning
(i.e. electric, gas, oil, etc.) _____
Water Service: (Check One) checkbox Public (Copy of Authority approval)
checkbox Private (County Permit Approval if required)
Sewer Service: (Check One) checkbox Public (Copy of Authority approval)
checkbox Private (Septic Permit # _____)

Does or will your building contain any of the following:

Fireplace(s): Number _____ Type of Fuel _____ Type Vent _____
Elevator/Escalators/Lifts/Moving walks: (Check One) checkbox Yes checkbox No
Sprinkler System: checkbox Yes checkbox No
Pressure Vessels: checkbox Yes checkbox No
Refrigeration Systems: checkbox Yes checkbox No

BUILDING DIMENSIONS

Existing Building Area: _____ Sq. Ft. Number of Stories: _____
Proposed Building Area: _____ Sq. Ft. Height of Structure Above Grade: _____ Ft.
Total Building Area: _____ Sq. Ft. Area of Largest Floor: _____ Sq. Ft.

LTL CONSULTANTS, LTD.

ELECTRICAL PERMIT APPLICATION

Date _____

Permit No. _____
(Assigned by LTL.)

Township _____

Contractor _____

Job Site Address _____

Phone _____

Address _____

Electric Company Job # _____

Job Site Owner _____

Experience (Journeyman, etc.) _____

Job Site Phone _____

License Number _____

General Information (circle all that apply)

Single Family Residence Multiple Residences _____ quantity Businesses Industrial
New Remodel Repair Accessory Structure
Pool Temporary Permanent

Service Size (if applicable) Voltage _____ Amperage _____ Phase _____

Service wire size and type Gage _____ Metal _____ (cu, al, cu/al)

Grounding Electrode System _____

Wiring Method: NM AC MC RNC RMC _____
Size Type

Emergency Generator Voltage _____ Amperage _____ Size _____

HVAC: Type _____ Tonnage _____ HP _____ Voltage _____ Amperage _____

Baseboard Quantity _____ Amperage Total _____

Fire/Emergency System Type _____ Quantity of detectors _____

Is a set of electric plans included with this or with the building application? _____ (Y/N)

Applicant certifies that all information given is correct and that National Electric Code NFPA 70 and IRC will be complied with in performing the work for which this permit is issued.

Work must begin within one (1) year of permit issuance or the permit shall be come invalid.

Description of work: _____

Signature of Applicant _____ Date _____

DRIVEWAY PERMIT APPLICATION

TOWNSHIP: _____

Date of Application: _____, 20____

Permit Fee: \$ _____

Name of Applicant: _____

Address: _____ Phone _____

_____ Zip Code _____

Owner (if other than applicant): _____

Address _____ Phone _____

_____ Zip Code _____

Name of Contractor or Builder: _____

Address: _____ Phone _____

_____ Zip Code _____

Property Address of Site: _____

Location of Driveway: _____

Statement of materials and Construction to be Used: _____

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge, and furthermore the property owner has authorized the work.

Applicant's Signature: _____ Date: _____

=====

Permit No.: _____ Issuance Date: _____

Approved by Inspector: _____ Date: _____

Signature

PLUMBING PERMIT APPLICATION

TOWNSHIP: _____

Date of Application: _____, 20____

Permit Fee: \$ _____

Name of Applicant (Owner): _____

Address _____ Phone _____

_____ Zip Code _____

Name of Contractor: _____

Address _____ Phone _____

_____ Zip Code _____

Subdivision Name and Lot No. (if applicable): _____

Tax Map Parcel Number: _____

- Check Appropriate Box:
- Mobile Home or Manufactured Dwelling
 - Single-Family Dwelling
 - Two Family Dwelling
 - Apartment Building or Condominium
 - Addition or Alteration
 - Sewer Lateral
 - Water Lateral
 - Non-Residential Application: Specify: _____
 - Permit for work not listed elsewhere

Statement of materials to be Used: _____

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

=====

Permit No. _____ Issuance Date: _____

Approved by Inspector: _____ Date: _____

Signature

Workers' Compensation Insurance Coverage Information

1. Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law? Yes No

If the answer is "yes", complete **Sections B, C, D, and E** below as appropriate.
If the answer is "no", complete **Section E**.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for workers' compensation.
Check if Certificate is attached.

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy Number _____
Check if Certificate is attached.

Policy Expiration Date _____

C. Is the applicant using any subcontractor(s) on this project? Yes No

If the answer is "yes", the applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.

D. Exemption: Complete **Section D** if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

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

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 the Workers' Compensation Law.

Subscribed and sworn to before me this _____ day of _____, 20__

Signature of Notary Public

My Commission expires: _____

(Seal)

E. Signature required for all applicants

Signature of Applicant _____

Address _____

County _____ Municipality of _____