

UPPER DARBY TOWNSHIP LICENSES AND INSPECTION
BUILDING PERMIT APPLICATION

THREE (3) SETS OF PLANS ARE REQUIRED INCLUDING PLOT PLANS SHOWING SIZE OF LOT, LOCATION OF EXISTING AND PROPOSED STRUCTURES, ELEVATIONS, SECTION VIEW, FLOOR PLANS, ETC. AN APPROVAL LETTER FROM THE OWNER IF THE WORK IS BEING DONE FOR A TENANT. ALL WORK MUST CONFORM TO UCC (UNIFORM CONSTRUCTION CODES)

PLEASE TYPE OR PRINT LEGIBLY IN INK

SELECT ONE OR MORE OF THE FOLLOWING THAT APPLIES:
RESIDENTIAL [] COMMERCIAL [] LEGALIZATION [] HUD [] DEMOLITION []

ADDRESS OF JOB _____ DATE _____

NAME OF OWNER _____ OWNER PHONE # _____

ADDRESS OF OWNER _____

(If owner does not reside at job address)

CONTRACTOR OR APPLICANT NAME _____

(Person doing the work)

UPPER DARBY TWP. CONTRACTOR # _____ PHONE # _____ CELL # _____

PREPARED DESIGN DOCUMENT BY _____ TITLE _____ PHONE # _____

WHAT IS CONSTRUCTION BEING USED FOR _____ **LOT SIZE** _____

DOES THE BUILDING HAVE A SPRINKLER SYSTEM YES [] NO [] STANDPIPE YES [] NO []

HARD WIRE SMOKE DETECTERS YES [] NO [] FIRE ALARM YES [] NO []

DESCRIPTION OF WORK: _____

FEE SCHEDULE SEE OUR WEB.SITE W.W.W. UPPERDARBY.ORG (CLICK ON DEPARTMENT-CLICK ON LICENSES & INSPECTION -CLICK ON PERMITS)

COST OF JOB \$ _____ **(Should not include** work that requires a separate permit including HVAC, Plumbing, Electrical And Fire Protection Systems) These items require separate applications

PERMIT FEES WILL BE DOUBLED IF WORK BEGINS BEFORE PERMITS ARE ISSUED

DOES JOB INCLUDE THE FOLLOWING:

HVAC YES [] NO [] IF YES, NAME OF CONTRACTOR _____

PLUMBING YES [] NO [] IF YES, NAME OF CONTRACTOR _____

ELECTRIC YES [] NO [] IF YES, NAME OF CONTRACTOR _____

SPRINKLER YES [] NO [] IF YES, NAME OF CONTRACTOR _____

STANDPIPE YES [] NO [] IF YES, NAME OF CONTRACTOR _____

ALARM SYSTEM TYPE _____

COMMERCIAL USE ONLY: # OF OCCUPANCE - PER FLOOR _____ EACH ROOM _____

MAX. EXIT ACCESS TRAVEL DISTANCE _____ EMG. LIGHT YES [] NO [] EXTINGUISHERS YES [] NO []

SIGNATURE _____ PRINT NAME _____

BEFORE YOU DIG, CALL PENNSYLVANIA ONE CALL 1-800-242-1776

DRIVEWAY ACCESS TO A STATE HIGHWAY REQUIRES DEPARTMENT OF TRANSPORTATION PERMIT. **STATE L & I REQUIRED FOR ELEVATORS ALSO**

BOILERS. DEMOLITION OF COMMERCIAL BUILDING NOTIFY D.E.P. REFERENCE ASBESTOS. ACT 537 SEWER MODULE APPROVAL REQUIRED IF EXCESSIVE SANITARY DISCHARGE. STORM WATER RUN OFF FOR NEW DEVELOPMENT.

PERMIT FEE _____ USE _____ OCCUPANCY FEE _____ TOTAL FEE _____

ZONING APPLICATION # _____ OF _____ ZONING APPROVAL DATE _____

DIRECTOR, DEPARTMENT OF LICENSES AND INSPECTIONS REVIEW DATE _____ INSPECTOR _____