



Charlestown Township

11 General Warren Blvd., Suite 1, Malvern, PA 19355

(610) 240-0326 Fax: (610) 240-0328

admin2@charlestown.pa.us

Uniform Construction Code Building Permit Application

Location of Proposed Work or Improvement:

- Street Address: _____ City: _____ State: _____ Zip: _____
 Tax Parcel ID No.: _____ Sub-Div. Name & Lot No.: _____ Zoning: _____
- Owner: _____ Phone: _____ Cell: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____
- Designer: _____ Phone: _____ Cell: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Email: _____
- Principal Contractor: _____ Phone: _____ Cell: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Fax: _____
 PA Registration #: _____

Type of Work or Improvement: (check one):

- | | | | | | |
|-----------------|---------------|------------|------------|------------|------------------|
| New Building | Addition | Alteration | Repair | Demolition | Fire Suppression |
| Foundation Only | Change of Use | Plumbing | Mechanical | Electrical | Other _____ |

Describe Proposed Work: _____

Square Footage of Construction _____ **Estimated Cost of Construction** _____

Note: Construction value will be based on stated square footage value or the ICC Valuation Charts as per the type of construction, if a dispute arises.

Description of Building Use: (check one):

<p>Residential</p> <p>One Family Dwelling</p>	<p>Residential</p> <p>Two Family Dwelling</p>	<p>Non-Residential</p> <p>Specific Use: _____</p> <p>Use Group: _____</p> <p>Change in Use: Yes No (If "Yes," indicate former use): _____</p> <p>Maximum Occupant Load _____</p> <p>Maximum Live Load _____</p>
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Building/Site Characteristics

Number of Residential Dwelling Units: _____ Existing _____ Proposed

Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (electric, gas, oil, coal, etc.) _____

Water Service: Public Private Sewer Service: Public Private (Septic Permit #): _____

Does or will your building contain any of the following:

Fireplace(s): Number: _____ Type of Fuel: _____ Type of Vent: _____

Elevator/Escalator/Lifts/Moving Walks: Yes No Type: _____

Sprinkler System: Yes No Pressure Vessels: Yes No Refrigeration System: Yes No

Building Dimensions

Existing Building Area: _____ Sq. Ft. Proposed Building Area: _____ Sq. Ft. Total Building Area: _____

Number of Stories: _____ Height of Structure Above Grade: _____ Ft. Finished Basement: _____ Sq. Ft.

Unfinished Basement: _____ Sq. Ft. Garage: _____ Sq. Ft. Porches and Decks: _____ Sq. Ft.

Floodplain

Is the site located within an identified flood hazard area? Yes No

Will any portion of the flood hazard area be developed? Yes No

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (166-1978), specifically Section 60.3.

Historic District

Is the site located within a Historic District? Yes No Is it a Historic Structure? Yes No

If Construction is proposed within a Historic District or is a Historic Structure listed on the Historic Resources Map, the Municipality may require a certificate of appropriateness.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provision of the codes or ordinances of the Municipality or any other governing body. The applicant certifies that he/she understands all the applicable codes, ordinances and regulations.

The owner or lessee of the building or structure shall make application for a permit, or agent of either or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Date Application Submitted: _____

Signature of Property Owner **[MUST BE OWNER ONLY!]**

Print Name of Property Owner **[MUST BE OWNER ONLY!]**

Directions to the Site:

*****Make checks payable to Charlestown Township*****

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Township Use Only

Date Application Received: _____ Permit No: _____ Permit Fee: _____

Application Approved/Denied: _____ Plan Reviewed by: _____

Zoning Approval and Zoning Permit No.: _____ If Denied, State Reason: _____