

NEWTOWN TOWNSHIP PERMIT APPLICATION INSTRUCTIONS

Items Listed Must be Included with Every Permit for a permit to be considered administratively complete Incomplete permit applications will not be processed! **ELECTRONIC/FAXED SUBMISSIONS WILL NOT BE ACCEPTED**

RESIDENTIAL PERMIT APPLICATIONS:

1. Completed permit application.
2. Copy of HIC license – PA AG Registration.
3. Copy of Liability Insurance, naming Newtown Twp. as the certificate holder.
4. Copy of Signed Contract.
5. **Building Permit-** 2 Copies of Site Plans showing Driveway-House-Shed-etc. and all measurements **OR** 2 Sets of building construction plans with design per 2015 IRC.
Electrical Permit- Include schematic.
Plumbing Permit- Include riser diagram.

Specs for appliance equipment, insulation & HVAC load calculations, engineered lumber.

6. \$100 Permit Review Fee Check payable to Newtown Twp. This fee will be deducted from the full amount of the Permit.

WE HAVE 15 BUSINESS DAYS TO PROVIDE YOU WITH A REVIEW OF YOUR PERMIT.

COMMERCIAL CONTRACTORS:

1. Completed permit applications.
2. Copy of Liability Insurance, naming Newtown Twp. as the certificate holder.
3. Copy of Signed Contract.
4. Newtown Twp. Contractor Registration or copy of previously submitted form.
5. 2 Sets of sealed plans with design in accordance with current ICC adopted codes for Architectural, Structural, Mechanical, and Plumbing and Energy Efficiency compliance.
6. 2 Separate copies of all electrical and low voltage wiring plans. Please include Electrical Permit Application.
7. 2 Separate copies of all Fire Suppression & Fire Alarms plans. Please include Fire Suppression Permit Application.
8. \$275 Permit Review Fee Check payable to Newtown Twp. This fee will be deducted from the full amount of the permit.

WE HAVE 30 BUSINESS DAYS TO PROVIDE YOU WITH A REVIEW OF YOUR PERMIT.

For Electrical Permits-----Please choose an Electrical Underwriter: PLEASE CHECK:

UNITED INSPECTION
OR
 COMMONWEALTH OF PENNA.

If you have any further questions regarding submitting permit applications to Newtown Twp., please call 610 356 0200 Extension 110. Newtown Township 209 Bishop Hollow Rd, Newtown Sq. PA 19073

www.newtowntownship.org



Township of Newtown

209 Bishop Hollow Rd, Newtown Square, PA 19073 * tel: 610-356-0200 * fax: 610-356-8722

www.newtowntownship.org

Permit #: _____

Date Issued: _____

By: _____

Construction Permit Cover

Work Site Location: _____

Tax Parcel #: **30-00-** _____ Legal Owner: _____

Address (if different from work site): _____

Phone: _____ Email: _____

Principal Contractor: _____

Address: _____

Phone: _____ Email: _____

Fax: _____ PA AG#: _____ Exp: _____

Description of Project: _____

Have other applications been submitted associated with this project (Check all that apply):

Land Development- Date: _____ Zoning- Date: _____ Soil Erosion- Date: _____

CHOOSE ELECTRICAL UNDERWRITER: BIU UNITED INSPECTIONS

Permits included in Project application:

PERMIT

	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cost of Work (Completed by Contractor)	Permit Fees (Completed by Township)
Building:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Soil Erosion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ N/A	\$ _____
Mechanical:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Electrical:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Plumbing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Fire Sprinkler/Alarm:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Sign Permit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
L&I Fee:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Total:		\$ _____	\$ _____

Inspector: BIU UNITED INSPECTIONS

A copy of the contractor insurance certificate or waiver and a copy of the PA AG license must be included with the permit application. No application will be reviewed without this information with the permit. If your project requires multiple contractors, please include the "Permit Contractor List Form" with your permit application, along with all contractor insurance certificates or waivers and a copy of PA AG licenses.

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this Application. Also, I acknowledge I am responsible for scheduling all required inspections of work.

Signature: _____ **Applicant/Contractor** _____ **Date** _____



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Permit #
Date Issued:
By:

Building/Zoning Permit

Tax Parcel #: 30-00-

Work Site Location:

Legal Owner: _____
Phone: _____ **Email:** _____
Primary Contractor: _____
PA AG#: _____ **Exp:** _____
Address: _____
Phone: _____ **Fax:** _____
Email: _____

Site Characteristics:
Zoning District: _____ **Lot size:** _____
Existing Setbacks: front _____ Side 1 _____ Side 2 _____ Rear _____
Proposed Setbacks: front _____ Side 1 _____ Side 2 _____ Rear _____
Impervious Coverage (sqft): Existing _____ Proposed _____

Is this a corner lot? Yes No **Plans Submitted:** Yes No
Does the project involve grading or proposed changes in elevation? Yes No
Is the project in an area located within the 100yr floodplain as per FEMA? Yes No

Building Characteristics:
Use Group _____ **Construction Type** _____
No. Stories/Height _____ **Area, Largest Floor** _____
New Building Area, All floors _____ **Total Area of Land Disturbed** _____
Is the building currently equipped with Fire Alarm/Suppression?: Yes No
Other Permits submitted associated with the project (check all that apply):
 Mechanical Electrical Plumbing Fire Sprinkler & Alarm Soil Erosion

CHOOSE ELECTRICAL UNDERWRITER: BIU UNITED INSPECTIONS

Description of Work:

Total Cost of Work (completed by Contractor): \$ _____
Comments from Code Dept: _____

A copy of the contractor insurance certificate or waiver and a copy of the PA AG license must be included with the permit application. No applications will be reviewed without this information included with the permit application.

Insurance Certificate included? Yes No
Copy of PA AG license included? Yes No

If your project requires multiple contractors, please include the "Permit Contractor List Form" with your permit application, along with insurance certificates or waivers and a copy of PA AG licenses for all contractors included in the project.

Add Contractor sheet included? Yes No

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this Application. Also, I acknowledge I am responsible for scheduling all required inspections of work.

Signature: _____ **Applicant/Contractor** _____ **Date** _____

Building: _____
Soil Erosion: _____
Electrical: _____
HVAC: _____
Plumbing: _____
Sprinkler: _____
L&I Fee: _____ **\$4.50**
Total all Permits: \$ _____



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Permit # _____

Date Issued: _____

By: _____

Mechanical/Electrical/Plumbing Permit

Check all that apply: Mechanical Electrical Plumbing

Tax Parcel #: 30-00-_____

Work Site Location:

Legal Owner: _____
Phone: _____ Email: _____
Primary Contractor: _____
PA AG#: _____ Exp: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

A copy of the contractor insurance certificate or waiver and a copy of the PA AG license must be included with the permit application. No applications will be reviewed without this information included with the permit application.

Insurance Certificate included? Yes No
Copy of PA AG license included? Yes No

If your project requires multiple contractors, please include the "Permit Contractor List Form" with your permit application, along with insurance certificates or waivers and a copy of PA AG licenses for all contractors included in the project.

Add Contractor sheet included? Yes No

CHOOSE ELECTRICAL UNDERWRITER: BIU UNITED INSPECTIONS

Construction Characteristics:

Use Group: Present _____ Proposed _____
Construction Class: Present _____ Proposed _____

Is the Building Equipment to be located outside of the REQUIRED building setbacks? Yes No

Mechanical (check all that apply): New Conversion Replacement Gas Oil

Solar Electric Hydronic Forced Air Other _____

Plumbing (check all that apply): Building Sewer Size _____ Water Service Size _____

Public Sewer Private Septic HOA Septic Public Water Private Well

Plans Submitted: Yes No Specs Submitted: Yes No

Other Permits submitted associated with the project (check all that apply):

Mechanical Electrical Plumbing Soil Erosion Building

Description of Work: _____

Total Cost of Work for each subtype (completed by Contractor):

Electrical: \$ _____ Inspector: BIU UNITED INSPECTIONS

Mechanical: \$ _____

Plumbing: \$ _____

Comments from Code Dept: _____

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this Application. Also, I acknowledge I am responsible for scheduling all required inspections of work.

Signature: _____ Applicant/Contractor _____ Date _____

Completed by Township

Electrical: _____
Mechanical: _____
Plumbing: _____
L&I Fee: \$4.50
Total all Permits: \$ _____

Property Address: _____



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Fire Sprinkler & Alarm Permit

Permit # _____
Date Issued: _____
By: _____

Tax Parcel #: 30-00-_____

Work Site Location: _____

Legal Owner: _____

Phone: _____ Email: _____

Primary Contractor: _____

PA AG#: _____ Exp: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Construction Characteristics:

Use Group: Present _____ Proposed _____

Construction Class: Present _____ Proposed _____

Is the Building Equipment to be located outside of the REQUIRED building setbacks? Yes No

Water Supply Source _____

Alarm/Suppression Supervision Method _____

Plans Submitted: Yes No Specs Submitted: Yes No

Description of Work: _____

Other Permits submitted associated with the project (check all that apply):

Mechanical Electrical Plumbing Soil Erosion Building

Total Cost of Work (Completed by Contractor): \$ _____

Comments from Code Dept: _____

A copy of the contractor insurance certificate or waiver and a copy of the PA AG license must be included with the permit application. No applications will be reviewed without this information included with the permit application.

Insurance Certificate included? Yes No

Copy of PA AG license included? Yes No

If your project requires multiple contractors, please include the "Permit Contractor List Form" with your permit application, along with insurance certificates or waivers and a copy of PA AG licenses for all contractors included in the project.

Add Contractor sheet included? Yes No

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this Application. Also, I acknowledge I am responsible for scheduling all required inspections of work.

Signature: _____
Applicant/Contractor

Date

Completed by Township

Township Fee: _____

L&I Fee: _____

Total all Permits: \$ _____

Property Address:



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Date Received: _____

Permit Contractor List

All permits must include copies of insurance certificates or waivers and a copy of PA AG licenses for all contractors on the project. Permits are not considered complete without this information. No insurance certificate FAXES will be accepted.

Work Site Location: _____ Tax Parcel #: **30-00-**_____

Contractor: _____ PA AG#: _____ Exp: _____ Copy included: Yes No
Address: _____ Phone: _____

Email: _____ Fax: _____ Insurance Certificate included? Yes No
Type of Work: General Contractor Mechanical Electrical Plumbing Fire Sprinkler & Alarm

Contractor: _____ PA AG#: _____ Exp: _____ Copy included: Yes No
Address: _____ Phone: _____

Email: _____ Fax: _____ Insurance Certificate included? Yes No
Type of Work: General Contractor Mechanical Electrical Plumbing Fire Sprinkler & Alarm

Contractor: _____ PA AG#: _____ Exp: _____ Copy included: Yes No
Address: _____ Phone: _____

Email: _____ Fax: _____ Insurance Certificate included? Yes No
Type of Work: General Contractor Mechanical Electrical Plumbing Fire Sprinkler & Alarm

Contractor: _____ PA AG#: _____ Exp: _____ Copy included: Yes No
Address: _____ Phone: _____

Email: _____ Fax: _____ Insurance Certificate included? Yes No
Type of Work: General Contractor Mechanical Electrical Plumbing Fire Sprinkler & Alarm