

Township of Springfield

DELAWARE COUNTY, PA



EDWARD J. ABEL, SR
Director

ROBERT M. SINKINSON, SR.
Assistant Director
Community Development

DEPARTMENT OF LICENSES AND INSPECTIONS
50 POWELL ROAD, SPRINGFIELD, PA 19064-2446
(610) 544-1300 FAX (610) 544-5780

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Plumbing/Mech. Inspector

BUILDING PERMIT PLAN SUBMITTAL GUIDE FOR COMMERCIAL/RESIDENTIAL PROPERTIES

NEW BUILDINGS, ADDITIONS, STRUCTURAL RENOVATIONS, FIT-OUTS

Included in this package are all of the necessary permit, registration, tax and business forms necessary to submit a complete permit application. Please use the enclosed check list to be sure that your application is complete. Plans, specifications, signed contracts and other construction documentation for the initial plan review should be as complete as possible at the time of submittal. Having a complete submittal will expedite the review process and avoid delays and resubmittals

**Edward J. Abel, Sr.
Director of Licenses and Inspections**

BUILDING PLAN REVIEW

In order to process your review in a timely manner, the following guide should be used as a checklist to ensure your submittal is as complete as possible for the first review. If additional information is required, it will be requested during the review process.

RESIDENTIAL – Submit 3 complete sets of plans **COMMERCIAL** – Submit 4 complete sets of plans

Scope of project: _____

Use Group _____ **Type of Construction** _____

1. _____ Indicate occupant loads for all areas; include exiting system plan
2. _____ Submit complete door schedule with catalog cuts for all doors, hardware sets and locksets
3. _____ Submit all appropriate wall, floor, foundation sections and details
4. _____ List all rated assemblies, diagram assemblies and design numbers
5. _____ Submit window and glazing schedule, interior finish schedule and flame spread ratings.
6. _____ List all building design loads
7. _____ Submit show drawings for all steel supported systems (submitted prior to start of work)
8. _____ Indicate shop drawing for all fire protection systems (submitted prior to start of work)
9. _____ Submit steel structural calculations
10. _____ Submit details for all special occupancy requirements (atriums, floor openings, high rise, covered malls, hazardous materials, etc.
11. _____ Submit details for all special structures (skylights, roof panels, awnings, etc)
12. _____ Indicate sequence of operation for all special systems (smoke control, elevator recall, etc.)
13. _____ Submit details showing all state and local accessibility requirements and catalog cuts for fixtures.
14. _____ Submit signed sealed and dated construction documents per the state requirements.

Soil Report

1. _____ Show requirements for footings and support loads
2. _____ Submit footings and foundation requirements and recommendations
3. _____ Submit engineer's requirements for appropriate footings and walls to support loads

Site Plan

1. _____ Show setbacks, elevations, drainage, parking, outside lighting, lot grading, underground and above ground utilities and sanitary sewer
2. _____ Show locations of fire hydrants, standpipes, fire department connections and bench mark information

Miscellaneous

1. _____ Complete list of sub-contractors
2. _____ Signed and approved contracts

PLUMBING PLAN REVIEW

Submit Complete Plumbing Plans & Specification Including the Occupant Load and number of Fixtures

1. _____ Provide a riser diagram for all water piping including sized, type of pipe and type of fittings.
2. _____ Provide a riser diagram for the drain, waste and vent systems including sizes, type of pipe and type of fittings
3. _____ Indicate the separation between the water service and sanitary sewer
4. _____ Indicate size and location of grease interceptor
5. _____ Indicate drinking fountains or bottled water
6. _____ Indicate the type of backflow protection provided (RPZ requires floor drains)
7. _____ Indicate location of floor drains and slope of floor TOWARDS floor drain. Floor drains located above occupied space shall use shower pan material to prevent water from seeping through the horizontal penetration.
8. _____ Indicate indirect drainage and storm water pipe locations
9. _____ Indicate the type and location of all special valves, appliances and devices
10. _____ Show thermal expansion tank, temperature relief and vacuum reliefs as necessary for water heaters
11. _____ Show type of roof drainage, area of discharge, type and size of pipe, location of cleanouts and location of secondary (emergency) system. Primary and secondary systems shall be separate systems.
12. _____ Indicate the location(s) of all drainage pipe cleanouts
13. _____ Provide details for accessible access to the plumbing fixtures: size of water closet enclosure, height of water closet, grab bars, lavatory, tissue holder, mirror and length of grab bars

MECHANIAL PLAN REVIEW

Submit Complete Mechanical Plans & Specifications Showing Location and Type of ALL Mechanical Equipment and Appliances

1. _____ Provide catalog cuts with installation instructions, listing BTU input and approved locations for all mechanical equipment
2. _____ Provide duct design criteria including size, type and gauge of the duct work, and type and location of all supports. Include additional details for all hazardous exhaust systems
3. _____ Indicate the location of the duct smoke detectors in any system over 2,000 cfm including supervision
4. _____ Submit a complete ventilation schedule showing the mechanical code occupant load, the supply, return and outside air for each room or area
5. _____ Submit gas piping plan including location of meter, system pressure, type and size of pipe, and BTU demand for each section of pipe or appliance.
6. _____ Indicate size and location of the combustion air intakes (one high/one low required)
7. _____ Show a 110V GFCI outlet within 25 feet of all rooftop equipment

8. _____ Provide piping details including schematics for boilers, hydronic heat and refrigeration
9. _____ Provide catalog cuts for factory-built fireplaces and details for masonry fireplaces.
10. _____ Provide details for any kitchen hood and exhaust systems including size and gauge of hood and duct, size and type of exhaust fans, shop drawings for suppression system, cleaning schedules, automatic power shutoff and portable extinguisher.
11. _____ Indicate the type, location and rating for the fire and/or smoke dampers and access panels.

COMMERCIAL HOOD SYSTEMS

Submit Complete Plans for Hood Systems for Commercial Cooking Operations

1. _____ Provide a complete floor plan showing the location of the cooking equipment, size of the hood and size and type of the cooking equipment
2. _____ Provide a catalog cut for the exhaust fan being used for the type I hood. It shall show the fan outside the air stream
3. _____ Provide details for the grease diverter when a centrifugal fan with horizontal discharge including size of vertical outlet, length of duct and a low point drain outlet
4. _____ Indicate the gage of the exhaust duct a minimum of 16 gage for steel and 18 gage for stainless steel
5. _____ Provide a catalog cut for a factory building commercial kitchen hood
6. _____ The joints and seams shall be made with a continuous liquid tight weld or braze on the external side of the duct
7. _____ Indicate the method of supporting the duct. The supports shall be noncombustible material and designed to carry the gravity and seismic loads
8. _____ The ductwork shall be installed so that grease can not collect in any portion
9. _____ Provide a clean out with maximum dimensions of 12 x 12 on the side of all horizontal ducts with a maximum spacing of 12 feet
10. _____ Provide an enclosure where the duct penetrates a ceiling, wall and floor. The enclosure shall comply with the building code with a clearance of 6 to 12 inches and serve one duct only.
11. _____ The velocity in the duct shall be a minimum of 1500 feet per minute. $Velocity = \frac{cfm}{\text{square foot of duct}}$
12. _____ The minimum distance from the duct to be combustible material shall be 18 inches. The combustible materials can be protected with a one hour rated material
13. _____ The exhaust duct shall not be less that 40 inches above the roof, 10 feet air intakes or less that 10 feet above grade
14. _____ Provide catalog cuts for the factor build hood and it shall comply with UL710
15. _____ Indicate the source of the make-up air and the other source of the air for other equipment in the room
16. _____ The make-up air shall be tempered where it enters the conditioned space

17. _____ Indicate the gage of the exhaust hood a minimum of 22 gage for steel, 22 gage for stainless steel and copper sheets weighing not less than 24 ounces per square foot
18. _____ The hood shall be secured in place by noncombustible supports
19. _____ The minimum distance from the hood to combustible material shall be 18 inches or less than 3 inches when the combustibles are protected with a one hour rated material
20. _____ Provide a solid flashing equal to the hood construction or one hour construction where the hood is less than 12 inches from the ceiling
21. _____ Provide an enclosure around the hood equal to a shaft in the building code where the hood penetrates the ceiling
22. _____ Indicate the distance from the filter to the cooking surface, type of filter, size of filter and mounting position
23. _____ Provide details showing the size of the cooking surface, size of hood, and distance to the cooking surface. This will be used to determine the style of the hood.
24. _____ Provide a calculation showing the capacity of the exhaust hood system
25. _____ Provide a calculation for the non-canopy hood showing not less than 300 CFM per linear foot of cooking surface
26. _____ Indicate a performance test for the kitchen hood

SPRINKLER PLAN REVIEW

Submit Complete Sprinkler Plans Showing All Sprinkler Locations

1. _____ Indicate water flow test, pressure, location, time, dates, witness and seasonal adjustment
2. _____ Show the type of pipes, joints, fittings, dimensions and lengths
3. _____ Show sprinkler protection for all areas and square footage for each sprinkler
4. _____ Indicate number, type and temperature ratings for all sprinklers
5. _____ Submit catalog cuts for all sprinklers, pipe fittings and equipment
6. _____ Indicate the building occupancy and submit details for process and storage equipment
7. _____ Submit section and plan views of racks or shelving and storage heights
8. _____ Submit description of special systems; show valves and trim
9. _____ Show locations of gauges, test valves, main and auxiliary drains.
10. _____ Show arrangement, drainage, piping, threads and height for fire department connection
11. _____ Indicate flushing and documentation for the underground or lead-in connection
12. _____ Indicate that a 200 psi hydrostatic test will be witnessed by the local official
13. _____ Perform a main drain test to obtain the static and residual pressures
14. _____ Show hose rack layouts (storage areas in compliance with NFPA 231 or 231C)
15. _____ Indicate the location and show all details for hangers
16. _____ Show supervision of valves and flow switches
17. _____ For hydraulically calculated system, submit complete calculations, sprinkler system summary sheet and flow diagrams

18. _____ Show all reference points or nodes
19. _____ Provide the calculations used to obtain all special design densities

FIRE ALARM REVIEW

Submit a Floor Plan Showing the Location of All Equipment and Devices

1. _____ Submit catalog cuts for all equipment
2. _____ Submit a zone chart or device address list
3. _____ Submit battery calculations that include all power consuming devices
4. _____ Indicate name of monitoring agency and listing of the agency
5. _____ Submit voltage drop calculation for the initiating and alarm device circuits
6. _____ Submit sequence of operations and special applications
7. _____ Indicate type of wire and protection of wire when exposed to physical damage
8. _____ Indicate a system which indicates a test for each device

SPECIAL EXTINGUISHING SYSTEM REVIEW

Submit a Floor Plan Showing the Location of All Equipment and Devices

1. _____ Submit catalog cuts for all equipment
2. _____ Submit a zone chart or device address list
3. _____ Submit battery calculations that include all power consuming devices
4. _____ Indicate name of monitoring agency and listing of the agency
5. _____ Submit voltage drop calculations for the initiating and alarm device circuits
6. _____ Submit sequence of operations and special applications
7. _____ Indicate type of wire with protection when exposed to physical damage
8. _____ Indicate a system test that indicates a test for each device

ACCESSIBILITY REQUIREMENTS

A Complete Site Plan is Required Showing Slopes, Cross Slopes of Parking Spaces, Access Aisles, and Routes to the Building Entrance. This plan is not the same plan submitted for land development or Zoning approvals. **THIS ACCESSIBILITY SITE PLAN REQUIREMENT CANNOT BE WAIVED**

Required Elements for Accessibility

- | | | |
|-------------------------|------------------------|----------------|
| ___ Accessible Routes | ___ Platform Lifts | ___ Parking |
| ___ Means of Egress | ___ Windows | ___ Doors |
| ___ Entrances | ___ Drinking Fountains | ___ Seating |
| ___ Detectable Warnings | ___ Work Surfaces | ___ Telephones |
| ___ Area of Refuge | ___ Restrooms/baths | ___ Ramps |
| ___ Curb Ramps | ___ Stairs | ___ Controls |
| ___ Alarms | ___ Elevators | ___ Storage |
| ___ Signage | ___ Lifts | |

Specific Facility Type Requirements

1. _____ Provide cuts of all plumbing fixtures
2. _____ Indicate dwelling use requirements
3. _____ Indicate auditorium and assembly area requirements
4. _____ Provide details for bathtubs and shower stalls in building other than dwelling units

Exterior Requirements

1. _____ Indicate accessibility routes
2. _____ Indicate total parking spaces for physically challenged, number, sizes and location of spaces
3. _____ Indicate sidewalk size from the parking to the building
4. _____ Indicate size and slope of ramps and curb cuts
5. _____ Submit drawing of above ground handicapped signs
6. _____ Provide detectable warnings in hazardous locations

Interior Requirements

1. _____ Indicate egress doors into occupiable spaces to have approved handles
2. _____ Provide catalog cuts for accessible door hardware, (handles, closers, thresholds)
3. _____ Show adequate maneuvering clearances at doors to gain access to rooms
4. _____ Indicate required handrails of both sides of stairs and ramps
5. _____ Indicate locations of hall call buttons, floor destinations, tactile characters (elevator lobbies)
6. _____ Provide detectable warnings in hazardous locations
7. _____ Indicate size of floor access to public area telephones, heights of operable parts and hearing impaired equipment
8. _____ Indicate protection for objects protruding into walks, halls, corridors, passageways or aisles above the finished floor walking surface
9. _____ Indicate special occupancy requirements
10. _____ Indicate clear floor and knee space for accessible drinking fountains and lavatories
11. _____ Indicate location of water closets relative to walls and other fixtures
12. _____ Indicate the height to the top of the water closed seat for the accessible features
13. _____ Indicate the height above the finished floor surface, bar sizes, length of bars and distances from walls for required grab bars at the water closet. Indicate height and location of required toilet paper dispensers
14. _____ Indicate areas of refuge for physically challenged

ELECTRICAL PLAN REVIEW

Submit Complete Electrical Plans Showing Location of All Devices

1. _____ Provide a floor plan showing the fixtures, outlets, equipment, transformers, panels, subpanels, receptacles and special systems
2. _____ Indicate the type and size of the service (above ground or underground) with the location of meters and main disconnects
3. _____ Indicate the size and type of all wire and number of all conductors in each conduit or raceway for each circuit
4. _____ Indicate the size and type of all conduit and/or raceways
5. _____ Indicate the use and amperage (load) for each circuit
6. _____ Show the number of circuits, size of circuit breakers, location and size of main disconnect
7. _____ Show the location of the convenience outlets at all appliance and rooftop equipment
8. _____ Submit load calculation charts for all panel boards and main service with demand factors
9. _____ Show emergency lighting to all rooms, spaces, corridors and access routes
10. _____ Indicate method of connecting exit and emergency lights to the building electric System
11. _____ Indicate type and location for ground, ground conduit and a bonding jumper at water meter
12. _____ Indicate the size and type of ground conductors
13. _____ Show the location of all GFCI outlets
14. _____ Indicate the location and classification of all hazardous areas and special systems

MISCELLANEOUS REQUIREMENTS

1. _____ All contractors are to be licensed by either Springfield Township (if commercial) and/or provide a copy of their CURRENT PENNSYLVANIA HIC license (for residential).
2. _____ All contractors are to provide an up to date Certificate of Insurance showing their General Liability and Workmen's Compensation Insurance.
3. _____ If there is commercial food preparation or packaged food proposed in the tenant space, a separate review by the Health Office may be required
4. _____ All applications must be filled out completely with all pertinent information, any missing information may result in a delay of review or approval.

COMMERCIAL WORK REQUIRES A BUSINESS PRIVILEGE LICENSE, BUSINESS PRIVILEGE TAX FORM AND INSURANCE FOR EACH DISCIPLINE.

TOWNSHIP OF SPRINGFIELD
 50 POWELL ROAD
 SPRINGFIELD, PA 19064 610-544-1300

**APPLICATION FOR
 PLAN EXAMINATION AND
 BUILDING PERMIT**

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.

I. LOCATION OF BUILDING	AT (LOCATION) _____ (NO.) _____ (STREET) _____	ZONING DISTRICT _____
	BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____	
	SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____	

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%; vertical-align: top;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
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<p>B. OWNERSHIP</p> <p>8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

<p>C. COST</p> <p>10. Cost of improvement..... \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical..... \$ _____</p> <p>b. Plumbing..... \$ _____</p> <p>c. Heating, air conditioning..... \$ _____</p> <p>d. Other (elevator, etc.)..... \$ _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ _____</p>	<p>(Omit cents)</p>	<p>Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p> <p>_____</p> <p>_____</p> <p>_____</p>
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III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories.....</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions.....</p> <p>50. Total land area, sq. ft.</p>	
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed.....</p> <p>52. Outdoors.....</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms.....</p> <p>54. Number of bathrooms { Full.....</p> <p style="margin-left: 150px;">} Partial.....</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>			

NO. STREET

IV. IDENTIFICATION – To be completed by all applicants					
Name		Mailing address – Number, street, city, and State		ZIP code	Tel. No.
1. Owner or Lessee					
2. Contractor				Builder's License No.	
3. Architect or Engineer					
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.					
Signature of applicant			Address		Application date

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD – For office use							
Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS									
Permit or Approval	Check	Date Obatined	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

VII. VALIDATION	
Building Permit number _____ Building Permit Issued _____ 20_____ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____ Approved by: _____ _____ Title	FOR DEPARTMENT USE ONLY Use Group _____ Fire Grading _____ Live loading _____ Occupancy Load _____

VIII. ZONING PLAN EXAMINERS NOTES

DISTRICT

USE

FRONT YARD

SIDE YARD

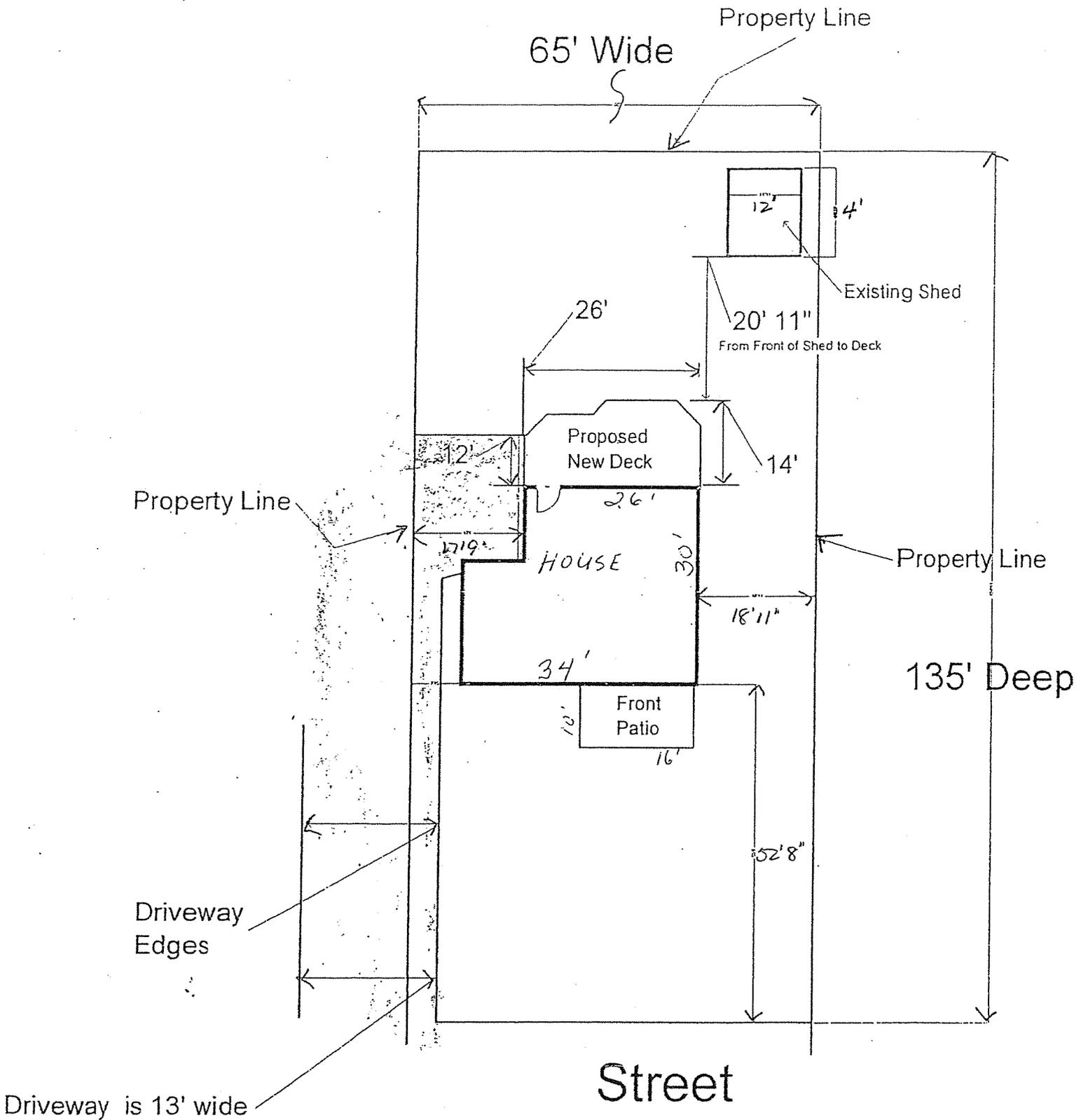
SIDE YARD

REAR YARD

NOTES

IX. SITE OR PLOT PLAN – For Applicant Use

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PLOT PLAN EXAMPLE

APPLICATION FOR CONTRACTORS LICENSE	TOWNSHIP OF SPRINGFIELD 50 POWELL ROAD SPRINGFIELD, PA 19064 610-544-1300 PHONE 610-544-5780 FAX	DATE LICENSE NO (For Dept. Use Only)
Pursuant to Ordinance #925 hereby apply for Contractors License in the Township of Springfield and I submit the following statement.		
BUSINESS INFORMATION		
FIRM NAME		FULL ADDRESS
TYPE OF BUSINESS	<input type="checkbox"/> INDIVIDUAL PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	CELL PHONE#
OFFICE PHONE#		
EMPLOYER IDENTIFICATION NUMBERS CITY	STATE	FEDERAL PHILA. MERCANTILE LICENSE NO.
PUBLIC LIABILITY INSURANCE CARRIER	POLICY #	AMOUNT
WORKMAN'S COMPENSATION INSURANCE CARRIER	POLICY #	
CERTIFICATE OF INSURANCE (AGENT)	PHONE	POLICY PERIOD
NUMBER OF YEARS IN BUSINESS	LICENSED IN ANY OTHER MUNICIPALITY AS CONTRACTOR	
	<input type="checkbox"/> YES <input type="checkbox"/> NO WHERE DATE	
APPLICANT INFORMATION		
LIST HERE THE NAMES OF OWNERS, PARTNERS, DIRECTORS AND OFFICERS OF BUSINESS		
NAME	HOME ADDRESS	HOME PHONE
TITLE	IF PREVIOUSLY LICENSED LICENSE# YEAR	
NAME	HOME ADDRESS	HOME PHONE
TITLE	IF PREVIOUSLY LICENSED #	YEAR
Have complaints against you ever been filed with the Better Business Bureau or the Consumer Protection agency? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you agree to Confirmation of the above with the Better Business Bureau or other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.		
We authorize you to obtain any information that you require concerning statements in this application, which shall remain the property of Springfield Township.		
IF YOU ARE DOING COMMERCIAL WORK A CONTRACTOR'S BUSINESS PRIVILEGE LICENSE FORM IS REQUIRED.		
Applicant _____		

Authorized Signature _____		
Title _____		

SPRINGFIELD TOWNSHIP – DELAWARE COUNTY, PA
WORKER’S COMPENSATION INSURANCE COVERAGE INFORMATION
(attach to building permit application) Part II

PLEASE PRINT

A. The applicant is

A contractor within the meaning of the Pennsylvania Worker’s Compensation Law
 Yes No

If the answer is “yes”, complete Sections B and C below as appropriate.

B. Insurance Information

Name _____ of Applicant _____
Federal or State Employer Identification No. _____
Applicant is a qualified self-insurer for worker’s compensation.

Certificate attached

Name of Worker’s Compensation Insurer _____
Worker’s Compensation Insurance Policy No. _____

Certificate attached

Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing worker’s compensation insurance.

The undersigned swears or affirms that he/she is not required to provide worker’s compensation insurance under the provisions of Pennsylvania’s 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 Worker’s Compensation Law.

Signature of applicant _____
Address _____

County of _____

Workers' Compensation Insurance Coverage Information
(attach to building permit application)

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes No

If the answer is "yes," complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation.

Certificate attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

Certificate attached

Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

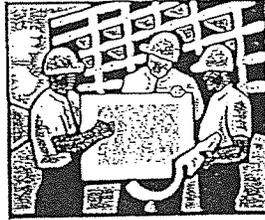
The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

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.

Signature of applicant _____

Address _____

CONTRACTOR'S



APPLICATION FOR BUSINESS PRIVILEGE LICENSE
TOWNSHIP OF SPRINGFIELD, DELAWARE COUNTY PA

Application is hereby made for BUSINESS PRIVILEGE LICENSE.

1. Name, address and phone no. under which business is conducted:

.....
.....
.....

Phone#.....

2. Check whether business is () Incorporated; () Partnership; () Individual

3. Name or names and addresses of true owners:

.....
.....
..... Phone #.....

4. Nature of business (describe fully)

.....

5. Give name and address of any other place of business conducted by you in the Township of Springfield:

.....
.....

6. A fee of \$50.00 must accompany this application which should be returned as soon as possible to: Springfield Township, Business Tax Office, 50 Powell Road, Springfield, PA 19064.

Please make check payable to Springfield Township

Name of Applicant _____

(By) _____

Date _____



SPRINGFIELD TOWNSHIP CONTRACTOR'S
BUSINESS PRIVILEGE TAX RETURN

Date: _____

Name of Business _____

Business Address _____

Type of Business _____

Name of True Owner(s) _____

Address of True Owner(s) _____

Phone No. _____

Location of job _____

Contract Price _____

Rate: Contract Price X 3 mills (.003)===== \$ _____
(Tax Due)

I DECLARE UNDER PENALTY OF LAW THAT ALL STATEMENTS MADE
HERE IN ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

Signature _____

Official Title _____

Make check or money order payable to: SPRINGFIELD TOWNSHIP
(MUNICIPAL BLDG., 50 POWELL ROAD, SPRINGFIELD, PA 19064)

SPRINGFIELD TOWNSHIP
LICENSE & INSPECTION
SPRINGFIELD PA 19064
610-544-1300

CERTIFICATE OF OCCUPANCY

PERMIT # _____

ISSUE DATE _____

The undersigned hereby applies for a Certificate of Occupancy for the building located at:

Existing Use: _____

Building Classification: _____

Construction Type: _____

Owner/Tenant _____ Phone _____

Address _____

Contractor _____ Phone _____

Address _____

Amount Fee Paid _____

Gross Square Feet of Building or Tenant Space _____

Commercial fees:

Up to 1,499	\$ 100.00
1,500 to 5,000	150.00
5,001 to 10,000	200.00
10,001 and larger	200.00

Plus \$50.00 for each additional 1,000 square feet greater than 10,001 square feet

Residential fees: \$75.00

Building Inspector _____

Electrical Inspector _____ Fire Marshal _____

Plumbing/Mech. Inspector _____ Health Officer _____

TOWNSHIP OF SPRINGFIELD
 50 POWELL ROAD
 SPRINGFIELD, PA 19064
 610-544-1300

EXCAVATION AND FILLING OF GROUND PERMIT APPLICATION

Address: _____

Proposed work and materials used: _____

Disturbed Area: _____ Ft² (If greater than 21,780 Ft², \$10,000 Bond Required)

Applicant is: Property Owner Contractor

Name: _____

Address: _____

Phone: _____ Fax: _____

§ 39-3. Permit required.

- A. It shall be unlawful for any person, firm or corporation to pave, fill, strip, grade or regrade any land within the Township of Springfield without first securing a permit as hereunder provided.
- B. It shall be unlawful for any person, firm or corporation to disturb, modify, block, divert or affect the natural overland or subsurface flow of stormwater within the Township of Springfield without first securing a permit as hereunder provided.
- C. It shall be unlawful for any person, firm or corporation to construct, erect or install any drainage dam, ditch, culvert, drain pipe, bridge or any other structure or obstruction affecting the drainage of any premises in the Township of Springfield without first securing a permit as hereunder provided.

§ 39-4. Application for permit.

- A. Any person, firm or corporation proposing to engage in an activity requiring a permit shall apply for a permit by written application on a form furnished by the Township of Springfield.
- B. The application for a permit shall be accompanied by a map or diagram of the property showing the location of all present and proposed ditches, streams, pipes and other drainage structures and cuts or fills. In addition to showing elevations, dimensions, location and extent of all proposed grading and/or drainage, the plans shall clearly indicate all buildings, parking areas and driveways. Further, the application shall indicate the present and proposed sources, storage and dispositions of water being channeled through or across the premises, together with elevation, gradients and maximum flow rates. The application shall describe the work to be performed, the materials to be used and the manner or method of

- performance, including provisions for protecting and maintaining existing drainage facilities in the Township of Springfield, whether on public or private property. If loadbearing fill is proposed, a soils investigation report shall be submitted which shall consist of test borings, laboratory testings and engineering analysis to correlate surface and subsurface conditions with the proposed rating plan. The results of the investigation shall be presented in a report by a soil engineer which shall include: data regarding the nature, distribution and supporting ability of existing soils and rock on the site, conclusions and recommendations for grading requirements and erosion control and recommendations to ensure stable soil conditions and groundwater control as applicable. The township may require such supplemental reports and data as it deems necessary. Recommendations included in such reports and approved by the township shall be incorporated in the plan for specifications.
- C. The application for a permit to excavate/grade shall be accompanied by an initial fee of \$50.00 which shall be applied to the first hour of review of said application by the Township Engineer. For each additional hour or fraction thereof spent in the processing, review and/or inspection in relation to the grading application, the property owner will be billed at the hourly rate of \$55.00.
- D. All applicants for a permit involving an area greater than 1/2 acre shall, before any permit is granted, post a bond with the Township of Springfield in the sum of at least \$10,000 (the exact sum to be determined by the Township Engineer), with corporate surety to be approved by the Township Solicitor, the conditions of which shall be a full and complete compliance with this ordinance and all terms of the permit.

I have read and understand the standards and procedures described on the reverse side of this form and agree to comply with the requirements of Chapter 39 of the Code of Springfield Township. Notwithstanding the issuance of this permit, I agree to comply with all of the provisions of the Code of Springfield Township.

 Applicant's Signature

 Date

§ 39-10. Violations and penalties. Any person, firm or corporation violating any provision of Chapter 39 of the Code of Springfield Township shall, upon summary conviction before any Magistrate or Justice of the Peace, be sentenced to pay a fine not exceeding \$300 and the cost of prosecution, and in default of payment of the fine and cost, the violator may be sentenced to the county jail for a term of not more than 30 days. Each and every day in which any person, firm or corporation shall be in violation of this ordinance shall constitute a separate offense.

§ 39-6. Standards for issuance of permit.

A. Notwithstanding any provision of this ordinance or any condition of the permit, the permittee is responsible for the prevention of damage to other property, or personal injury, which may be affected by the activity requiring a permit and shall hold harmless the township.

B. No person, firm or corporation shall modify, fill, excavate or regrade land in any manner so close to a property line as to endanger or damage any adjoining public street, sidewalk, alley or any other public or private property without supporting and protecting such property from settling, cracking, erosion, sediment or other physical damage or personal injury which might result.

C. No person, firm or corporation shall deposit or place any debris or any other material whatsoever or cause such to be thrown or placed in any drainage ditch or drainage structure in such a manner as to obstruct free flow.

D. No person, firm or corporation shall fail to adequately maintain in good operating order any drainage facility on his premises. All drainage ditches, culverts, drain pipes and drainage structures shall be kept open and free flowing at all times.

E. The owner of any property on which any work has been made pursuant to a permit granted under the provisions of this ordinance shall continuously maintain and repair all graded surfaces and anti-erosion devices, retaining walls, drainage structures or means and other protective devices, plantings and ground cover installed or completed.

F. All plans and specifications accompanying applications for permits shall include provisions for both interim (temporary) and ultimate (permanent) erosion and sediment control.

(1) The design, installation and maintenance of erosion and sediment control measures shall be accomplished in accordance with guidelines as may be established, from time to time, by the United States Department of Agriculture, Soil Conservation Service.

(2) All graded surfaces, shall be seeded, sodded and/or planted or otherwise protected from erosion as soon as practicable and shall be watered, tended and maintained until growth is well established at the time of completion and final inspection.

G. Natural and/or existing slopes exceeding five horizontal to one vertical shall be benched or continuously stepped into competent materials prior to placing all classes of fill.

H. Fills toeing out on natural slopes steeper than four horizontal to one vertical shall not be made unless approved by the township after receipt of a report, deemed acceptable by the Township Engineer, by a soil engineer certifying that he has investigated the property, made soil tests and that in his opinion such steeper slopes will safely support the proposed fill.

I. All trees in areas of grade change shall be removed unless protected with suitable tree wells.

J. The following provisions apply to the carrying and disposal of stormwater runoff:

(1) All drainage facilities shall be designed, in the most practicable fashion, to carry surface water in such a manner as to prevent erosion, overflow or ponding.

(2) The ponding of water shall not be permitted above cut or fill slopes or on drainage terraces, nor shall water be impounded on adjacent property. Adequate drainage facilities shall be provided to prevent such ponding.

(3) The applicant shall make adequate provisions to prevent any surface waters from damaging the face of any excavation or fill. All slopes shall be temporarily and permanently protected from surface water runoff from above by interceptor and diversion berms, swales, brow or berm ditches and shall be sodded, seeded and planted, unless the township determines such treatment is unnecessary and specifically waives this requirement.

(4) All drainage terraces, interceptor and diversion berms, swales and brow or berm ditches shall be designed and constructed and, when required by the Township Engineer, shall be piped or paved or otherwise improved to the satisfaction of the township.

K. When required, adequate provisions shall be made for dust control measures as are deemed acceptable by the township.

L. When required, the applicant shall agree to the granting and recording of easements for drainage facilities including acceptance of the discharge of water on the property of others, provisions for maintenance of slopes and swales and access for the maintenance of anti-erosion facilities.

§ 39-7. Procedure.

A. The applicant, in any activity requiring a permit, shall request inspection by the Township Engineer:

(1) Upon completion of stripping, the stockpiling of topsoil and disposal of all unsuitable material, but prior to beginning any other preparation of the ground.

(2) Upon completion of preparation of ground to receive fill, but prior to beginning any placement.

(3) Upon completion of rough grading, but prior to placing topsoil, permanent drainage or other site development improvements and ground covers.

(4) Upon completion of final grading, permanent drainage and erosion control facilities (including established ground covers and planting) and all other work of the permit.

B. The applicant, in all cases other than that referred to in Subsection A, after commencing initial operations, shall request inspections by the Township Engineer at the following stages in the development of the site or of each subdivision thereof:

(1) Prior to commencement of grading operations to determine suitability of all proposed fill materials.

(2) Upon completion of stripping, the stockpiling of topsoil and disposal of all unsuitable material, but prior to beginning or any other preparation of the ground.

(3) Upon completion of preparation of the ground to receive fill but prior to beginning or placement, an inspection of proof rolling.

(4) Upon installation of structural fill, the following earthfill procedures are required.

(a) Prior to placing fill in any area, provision should be made to intercept or divert all surface water. Within the area on which fill is to be placed, the ground should be graded so as to provide for unobstructed drainage from every point to some disposal point.

(b) The area should be closely examined to determine whether excessive wetness, springs or other seepage of water can be observed. If such conditions exist, drainage must be provided before placement of fill is undertaken.

(c) When the fill area has been prepared as specified, the existing ground surface should be compacted by the specified method for compacting fill.

(d) Fill should begin at the lowest section of the area. Fill should be spread in six-inch layers prior to compaction. Each layer should be approximately horizontal, but small slopes can be permitted in order to provide for surface water runoff.

(e) Each layer of fill should be inspected prior to compaction. All roots, vegetation or debris should be removed. Stones larger than six inches in diameter should be removed or broken. The moisture content of each layer should be determined to be suitable for compaction.

(f) The compaction of the fill should be done with a sheepsfoot roller, rubber-tired roller or a vibratory roller. Other compaction equipment should be used only after it has demonstrated that satisfactory results can be obtained with it.

(g) Each layer of compacted fill should be tested to determine its dry density as per ASTM D 1556. The density of each layer should be not less than 95% of maximum dry density as determined by ASTM D 1557. The moisture content of the compacted layer should be not more than 4% less or 2% greater than the optimum moisture as determined by ASTM D 1557.

(h) Only when the compacted layer has been shown to be as specified should other layers of fill be placed above it.

(i) Visual inspection of borrow materials should be made periodically to assure that no variation in the fill material has occurred.

(5) Upon completion of rough grading, but prior to placing topsoil, permanent drainage or other site development improvements and ground covers.

(6) Upon completion of trench backfilling operations so that testing can be performed as specified.

(7) Upon completion of final grading, permanent drainage and erosion control facilities, including established ground covers and planting and all other work of the permit.

§ 39-8. Inspection costs. All applicants shall bear all costs of inspections required hereunder and, if deemed necessary by the Township Building Inspector, shall deposit with the Township Treasurer such sum as the Township Commissioners shall determine to guarantee payment of the cost of such inspections. The costs of inspections shall be at the rate charged to the township by the Township Engineer.

Township of Springfield
CODE ENFORCEMENT DEPARTMENT
50 POWELL ROAD · SPRINGFIELD, PA. 19064

Permit Fee _____ Validated _____
Permit No. _____ Date Issued _____

STORMWATER MANAGEMENT PERMIT APPLICATION

Application is hereby made for review of the SWM Site Plan and related data as submitted herewith in accordance with the Springfield Township Stormwater Management Ordinance.

PLANS – Two (2) sets of plans are required at time of submission

1. Application Type:

SIMPLIFIED PLAN

FULL PLAN

New/Replacement Impervious Coverage
(between 500 square feet and 999 square feet)

New/Replacement Impervious Coverage (1000+
square feet)

_____ square feet

_____ square feet

Limit of Disturbance (between 5,000 square feet
and 1 acre)

Limit of Disturbance (1+ acre)

_____ square feet

_____ acres

2. Project Name: _____

Property Address/location for Grading Permit: _____

Parcel Number: _____

Street Number: _____ Street Name: _____

City: _____ State: _____ Zip: _____

3. Applicant Name: _____

Applicant Address:

Street Number: _____ Street Name: _____

City: _____ State: _____ Zip: _____

Applicant Telephone: _____

4. Property Owner Name: _____

Owner Address:

Street Number: _____ Street Name: _____

City: _____ State: _____ Zip: _____

Owner Telephone Number: _____

5. Registered Engineer Name: _____

6. Contractor Name: _____

PROJECT INFORMATION:

1. Total Area (acres or square feet): _____

2. Purpose or Intent of Land Disturbance: _____

3. Other Properties: Does work back up or discharge water on or affect any other property in any way?

YES _____ NO _____

If yes, note property addresses affected and to what extent: _____

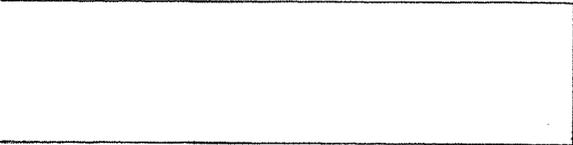
4. Schedule of Work: Start Date: _____ Completion Date: _____

PERMIT TERMS AND CONDITIONS:

1. I agree that I will comply with all Ordinances, laws and Township policies regulating grading, land disturbance, erosion/sedimentation control, and storm water management.
2. I agree to allow access to said activities for inspection by Township of Springfield Code Officer and Engineer.
3. All erosion/sedimentation control measures will be installed before land disturbance activities begin and be properly maintained throughout the grading/land disturbing activities. I further agree to add any additional erosion/sedimentation control measures as requested by Springfield Township.
4. I agree that I will be responsible for any damage to any utilities, public right-of-way and city streets caused by this work.
5. PERMIT FEE COVERS ONE (1) HOUR ENGINEER REVIEW TIME, ONE(1) SITE VISIT BY CODE OFFICER AND ADMINISTRATIVE COSTS. I AGREE TO PAY FOR ADDITIONAL ENGINEERING REVIEW FEES AND SITE VISITS AS REQUIRED.

Signature of Applicant
Or Responsible Party: _____ Date: _____

Township of Springfield
 CODE ENFORCEMENT DEPARTMENT
 50 POWELL ROAD · SPRINGFIELD, PA. 19064



Class _____
 Present Bldg. _____
 New Bldg.-Alt.-Repairs _____ Validated _____
 Permit Fee _____ Permit No. _____ Date Issued _____

THIS PORTION OF THE APPLICATION TO BE COMPLETED BY TOWNSHIP

APPLICATION FOR ELECTRICAL PERMIT

NEW – ALTERATION – REPAIR – ADDITION (Circle One)

TO THE BOARD OF COMMISSIONERS OF SPRINGFIELD TOWNSHIP:

I (We) hereby apply for a permit to construct the following work (give exact location):

Street and number _____

Item	Number	Fee			
CEILING OUTLETS			TOTAL CIRCUITS		
SWITCHES			MOTORS		
PLUG RECEPTACLES			PANEL SIZE		
			RANGE COND.		
TOTAL OUTLETS			SUB FEEDER SIZE		
AIR HEATERS					
RANGES					
SIGNS					
WATER HEATER					
LIGHTING CIRC.					
OTHER CIR.					

Estimated Cost \$ _____ Time of Commencing _____

Notwithstanding the issuance of this permit, all provisions of the Building and Zoning Codes will be complied with, whether specified herein or not.

Owner _____ Address _____ Phone _____
 Architect _____ Address _____ Phone _____
 Contractor _____ Address _____ Phone _____
 Applicant _____ Address _____ Phone _____

Date _____

 Owner or Builder

APPLICATION FOR CONTRACTORS LICENSE	TOWNSHIP OF SPRINGFIELD 50 POWELL ROAD SPRINGFIELD, PA 19064 610-544-1300 PHONE 610-544-5780 FAX	DATE LICENSE NO (For Dept. Use Only)
-------------------------------------	--------------------------------------------------------------------------------------------------------------	------------------------------------------------

Pursuant to Ordinance #925 hereby apply for Contractors License in the Township of Springfield and I submit the following statement.

BUSINESS INFORMATION

FIRM NAME	FULL ADDRESS
-----------	--------------

TYPE OF BUSINESS	<input type="checkbox"/> INDIVIDUAL PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	CELL PHONE#	OFFICE PHONE#
------------------	------------------------------------------------------------------------------------------------------------------------------------	-------------	---------------

EMPLOYER IDENTIFICATION NUMBERS CITY	STATE	FEDERAL	PHILA. MERCANTILE LICENSE NO.
--------------------------------------	-------	---------	-------------------------------

PUBLIC LIABILITY INSURANCE CARRIER	POLICY #	AMOUNT
------------------------------------	----------	--------

WORKMAN'S COMPENSATION INSURANCE CARRIER	POLICY #
------------------------------------------	----------

CERTIFICATE OF INSURANCE (AGENT)	PHONE	POLICY PERIOD
----------------------------------	-------	---------------

NUMBER OF YEARS IN BUSINESS	LICENSED IN ANY OTHER MUNICIPALITY AS CONTRACTOR
	<input type="checkbox"/> YES <input type="checkbox"/> NO WHERE DATE

APPLICANT INFORMATION
LIST HERE THE NAMES OF OWNERS, PARTNERS, DIRECTORS AND OFFICERS OF BUSINESS

NAME	HOME ADDRESS	HOME PHONE
------	--------------	------------

TITLE	IF PREVIOUSLY LICENSED LICENSE#	YEAR
-------	---------------------------------	------

NAME	HOME ADDRESS	HOME PHONE
------	--------------	------------

TITLE	IF PREVIOUSLY LICENSED #	YEAR
-------	--------------------------	------

Have complaints against you ever been filed with the Better Business Bureau or the Consumer Protection agency? Yes No
 Do you agree to Confirmation of the above with the Better Business Bureau or other agencies? Yes No

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

We authorize you to obtain any information that you require concerning statements in this application, which shall remain the property of Springfield Township.

IF YOU ARE DOING COMMERCIAL WORK A CONTRACTOR'S BUSINESS PRIVILEGE LICENSE FORM IS REQUIRED.

Applicant _____

Authorized Signature _____

Title _____

Workers' Compensation Insurance Coverage Information
(attach to building permit application)

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law
 Yes No

If the answer is "yes," complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

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

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____
 Certificate attached

Policy Expiration Date _____

C. Exemption

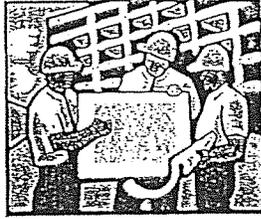
Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' 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.**

Signature of applicant _____
Address _____

CONTRACTOR'S



APPLICATION FOR BUSINESS PRIVILEGE LICENSE
TOWNSHIP OF SPRINGFIELD, DELAWARE COUNTY PA

Application is hereby made for BUSINESS PRIVILEGE LICENSE .

1. Name, address and phone no. under which business is conducted:

.....
.....
.....

Phone#

2. Check whether business is () Incorporated; () Partnership; () Individual

3. Name or names and addresses of true owners:

.....
.....
..... Phone #

4. Nature of business (describe fully)

.....

5. Give name and address of any other place of business conducted by you in the Township of Springfield:

.....
.....

6. A fee of \$50.00 must accompany this application which should be returned as soon as possible to: Springfield Township, Business Tax Office, 50 Powell Road, Springfield, PA 19064.

Please make check payable to Springfield Township

Name of Applicant _____

(By)

Date _____



SPRINGFIELD TOWNSHIP CONTRACTOR'S
BUSINESS PRIVILEGE TAX RETURN

Date: _____

Name of Business _____

Business Address _____

Type of Business _____

Name of True Owner(s) _____

Address of True Owner(s) _____

Phone No. _____

Location of job _____

Contract Price _____

Rate: Contract Price X 3 mills (.003)===== \$ _____
(Tax Due)

I DECLARE UNDER PENALTY OF LAW THAT ALL STATEMENTS MADE
HERE IN ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

Signature _____
Official Title _____

Make check or money order payable to: SPRINGFIELD TOWNSHIP
(MUNICIPAL BLDG., 50 POWELL ROAD, SPRINGFIELD, PA 19064)

Township of Springfield

50 Powell Rd, Springfield Pa. 19064

(610) 544-1300 Fax: (610) 544-5780

Permit Fee _____ Permit # _____ Date Issued _____ Rec'd By _____

Plumbing Permit Application

All Plumbing installation and repairs must comply with the International Plumbing Code and International Residential Code. The applicant must be a Master Plumber registered with the Commonwealth of Pennsylvania as a Home Improvement Contractor to perform residential work. Commercial and new home plumbers must have a Township of Springfield Master Plumber license. All work requiring excavation must be in accordance with OSHA Standard; CFR-1926.650 -.651-.652.

Address of Job _____ Commercial _____ Residential _____

Property Owner _____ Telephone _____

Owner Address _____ E mail _____

Plumbing Contractor

Name _____ Pa. Reg. # _____

Address _____

Business Phone _____ Cell Phone _____ Email _____

Master Plumbers License # _____ Issuing Authority _____

Is excavation required? Yes _____ No _____

Describe in detail the work to be performed;

Estimated Cost \$ _____ Time of commencing _____

Signature of applicant _____ Date _____

24 hour notice is required for all inspections. (610) 544 - 1300 Ext. 126

Township of Springfield

CODE ENFORCEMENT DEPARTMENT

50 POWELL ROAD • SPRINGFIELD, PA. 19064

FAX # 610-544-5780

APPLICATION FOR PLUMBER'S REGISTRATION

_____20_____

To the President and Members of the
Board of Commissioners:

Gentlemen: I, the undersigned, being a practical plumber, hereby make application for registration as a Plumber, to perform work within the limits of the Township of Springfield, :

Name _____ Telephone _____

Address _____ Zip _____

(UNLESS PREVIOUSLY REGISTERED IN THIS TOWNSHIP
APPLICANT WILL ANSWER THE FOLLOWING QUESTIONS.)

1. Are you registered for the current year elsewhere? _____
2. If so, give place and registration number? _____
3. How many years apprenticeship did you serve? _____
4. With whom were you last employed? _____
5. What is your age? _____ How long have you been a plumber? _____
6. With whom did you learn plumbing? _____
7. If not registered elsewhere for the current year, the following questions are also to be answered:

Have you ever taken an examination in plumbing? _____

If so, when and where were you examined? _____

What was the result? _____

I hereby certify that the answers given above are true and correct.

In case the answer to question 1 is "No" or the place designated in answer to question 2 is not on the "Reciprocal List" on file with the Plumbing Department of Springfield Township, the following Voucher is required.

VOUCHER

To the President and Members of the
Board of Commissioners:

_____20_____

Gentlemen: I, the undersigned Plumber, engaged in the plumbing business at _____

_____ State of _____

have personally known _____ for _____ years, and

recommend him as a practical plumber.

Signed. Name _____

Workers' Compensation Insurance Coverage Information
(attach to building permit application)

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes No

If the answer is "yes," complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation.

Certificate attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

Certificate attached

Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

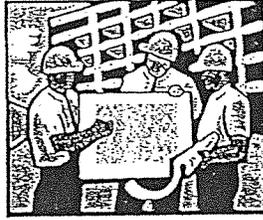
The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

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.

Signature of applicant _____

Address _____

CONTRACTOR'S



APPLICATION FOR BUSINESS PRIVILEGE LICENSE
TOWNSHIP OF SPRINGFIELD, DELAWARE COUNTY PA

Application is hereby made for BUSINESS PRIVILEGE LICENSE.

1. Name, address and phone no. under which business is conducted:

.....
.....
.....

Phone#.....

2. Check whether business is () Incorporated; () Partnership; () Individual

3. Name or names and addresses of true owners:

.....
.....
..... Phone #.....

4. Nature of business (describe fully)

.....

5. Give name and address of any other place of business conducted by you in the Township of Springfield:

.....
.....

6. A fee of \$50.00 must accompany this application which should be returned as soon as possible to: Springfield Township, Business Tax Office, 50 Powell Road, Springfield, PA 19064.

Please make check payable to Springfield Township

Name of Applicant _____

(By) _____

Date _____



SPRINGFIELD TOWNSHIP CONTRACTOR'S
BUSINESS PRIVILEGE TAX RETURN

Date: _____

Name of Business _____

Business Address _____

Type of Business _____

Name of True Owner(s) _____

Address of True Owner(s) _____

Phone No. _____

Location of job _____

Contract Price _____

Rate: Contract Price X 3 mills (.003)===== \$ _____
(Tax Due)

I DECLARE UNDER PENALTY OF LAW THAT ALL STATEMENTS MADE
HERE IN ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

Signature _____
Official Title _____

Make check or money order payable to: SPRINGFIELD TOWNSHIP
(MUNICIPAL BLDG., 50 POWELL ROAD, SPRINGFIELD, PA 19064)

Township of Springfield

50 Powell Rd. Springfield Pa. 19064

(610) 544-1300 Fax: (610) 544-5780

Permit Fee _____ Permit # _____ Date Issued _____ Rec'd By _____

Mechanical Permit Application

All Mechanical installation and repairs must comply with the International Mechanical Code, International Residential Code and International Fuel Gas Code. Contractors performing residential installation and repairs must be registered with the Commonwealth of Pennsylvania as a Home Improvement Contractor. Commercial and new home contractors must possess a license issued by The Township of Springfield.

Address of Job _____ Commercial _____ Residential _____

Property Owner _____ Telephone _____

Owner Address _____ E mail _____

Mechanical Contractor

Name _____ Pa. Reg. # _____

Address _____

Business Phone _____ Cell Phone _____ Email _____

Type of Equipment

Boiler _____ Furnace _____ Hot water Heater _____ Other _____

Type of Fuel: Natural Gas _____ Oil _____ Electric _____ Other _____

Vent Category _____ Combustion Air: Interior _____ Exterior _____ Combined _____

Chimney Material: Terra cotta _____ Stainless Steel _____ Aluminum _____

New flue Liner Installed Yes _____ No _____ (Relining may be required if appliance is being removed from chimney leaving a single hot water heater on an exterior chimney)

Describe in detail work to be performed

Estimated Cost \$ _____ Time of commencing _____

Signature of applicant _____ Date _____

24 hour notice is required for all inspections. (610) 544 - 1300 Ext., 126

APPLICATION FOR CONTRACTORS LICENSE	TOWNSHIP OF SPRINGFIELD 50 POWELL ROAD SPRINGFIELD, PA 19064 610-544-1300 PHONE 610-544-5780 FAX	DATE LICENSE NO (For Dept. Use Only)
Pursuant to Ordinance #925 hereby apply for Contractors License in the Township of Springfield and I submit the following statement.		
BUSINESS INFORMATION		
FIRM NAME		FULL ADDRESS
TYPE OF BUSINESS	<input type="checkbox"/> INDIVIDUAL PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	CELL PHONE# OFFICE PHONE#
EMPLOYER IDENTIFICATION NUMBERS CITY	STATE	FEDERAL PHILA. MERCANTILE LICENSE NO.
PUBLIC LIABILITY INSURANCE CARRIER	POLICY #	AMOUNT
WORKMAN'S COMPENSATION INSURANCE CARRIER	POLICY #	
CERTIFICATE OF INSURANCE (AGENT)	PHONE	POLICY PERIOD
NUMBER OF YEARS IN BUSINESS	LICENSED IN ANY OTHER MUNICIPALITY AS CONTRACTOR	
	<input type="checkbox"/> YES <input type="checkbox"/> NO WHERE DATE	
APPLICANT INFORMATION LIST HERE THE NAMES OF OWNERS, PARTNERS, DIRECTORS AND OFFICERS OF BUSINESS		
NAME	HOME ADDRESS	HOME PHONE
TITLE	IF PREVIOUSLY LICENSED LICENSE# YEAR	
NAME	HOME ADDRESS	HOME PHONE
TITLE	IF PREVIOUSLY LICENSED #	YEAR
Have complaints against you ever been filed with the Better Business Bureau or the Consumer Protection agency? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you agree to Confirmation of the above with the Better Business Bureau or other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.		
We authorize you to obtain any information that you require concerning statements in this application, which shall remain the property of Springfield Township.		
IF YOU ARE DOING COMMERCIAL WORK A CONTRACTOR'S BUSINESS PRIVILEGE LICENSE FORM IS REQUIRED.		
Applicant _____ _____ _____		
Authorized Signature _____		
Title _____		

Workers' Compensation Insurance Coverage Information
(attach to building permit application)

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes No

If the answer is "yes," complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation.

Certificate attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

Certificate attached

Policy Expiration Date _____

C. Exemption

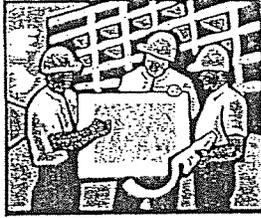
Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' 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.**

Signature of applicant _____
Address _____

CONTRACTOR'S



APPLICATION FOR BUSINESS PRIVILEGE LICENSE
TOWNSHIP OF SPRINGFIELD, DELAWARE COUNTY PA

Application is hereby made for BUSINESS PRIVILEGE LICENSE .

1. Name, address and phone no. under which business is conducted:

.....
.....
.....

Phone#.....

2. Check whether business is () Incorporated; () Partnership; () Individual

3. Name or names and addresses of true owners:

.....
.....
.....Phone #.....

4. Nature of business (describe fully)

.....

5. Give name and address of any other place of business conducted by you in the Township of Springfield:

.....
.....

6. A fee of \$50.00 must accompany this application which should be returned as soon as possible to: Springfield Township, Business Tax Office, 50 Powell Road, Springfield, PA 19064.

Please make check payable to Springfield Township

Name of Applicant _____

(By) _____

Date _____



SPRINGFIELD TOWNSHIP CONTRACTOR'S
BUSINESS PRIVILEGE TAX RETURN

Date: _____

Name of Business _____

Business Address _____

Type of Business _____

Name of True Owner(s) _____

Address of True Owner(s) _____

Phone No. _____

Location of job _____

Contract Price _____

Rate: Contract Price X 3 mills (.003)===== \$ _____
(Tax Due)

I DECLARE UNDER PENALTY OF LAW THAT ALL STATEMENTS MADE
HERE IN ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

Signature _____

Official Title _____

Make check or money order payable to: SPRINGFIELD TOWNSHIP
(MUNICIPAL BLDG., 50 POWELL ROAD, SPRINGFIELD, PA 19064)

T O W N S H I P O F S P R I N G F I E L D

OFFICE OF THE FIRE MARSHAL
50 POWELL ROAD
SPRINGFIELD PA 19064
(610) 544-1300

PERMIT NUMBER: _____ DATE ISSUED _____

APPLICANT/CONTRACTOR:

NAME: _____

ADDRESS: _____

PHONE: _____

LOCATION OF WORK: _____

DESCRIPTION OF WORK: _____

CODE SECTION _____

ESTIMATED COST _____ PERMIT FEE: _____

MAKE CHECKS PAYABLE TO SPRINGFIELD TOWNSHIP

MAIL APPLICATIONS TO: SPRINGFIELD TOWNSHIP
50 POWELL ROAD
SPRINGFIELD, PA 19064

NO WORK TO BEGIN WITHOUT A PERMIT!!!!!!

THANK YOU

APPLICATION FOR CONTRACTORS LICENSE	TOWNSHIP OF SPRINGFIELD 50 POWELL ROAD SPRINGFIELD, PA 19064 610-544-1300 PHONE 610-544-5780 FAX	DATE LICENSE NO (For Dept. Use Only)
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CERTIFICATE OF INSURANCE (AGENT)	PHONE	POLICY PERIOD	
NUMBER OF YEARS IN BUSINESS	LICENSED IN ANY OTHER MUNICIPALITY AS CONTRACTOR <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE DATE		

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NAME	HOME ADDRESS	HOME PHONE
TITLE	IF PREVIOUSLY LICENSED #	YEAR

Have complaints against you ever been filed with the Better Business Bureau or the Consumer Protection agency? Yes No
 Do you agree to Confirmation of the above with the Better Business Bureau or other agencies? Yes No

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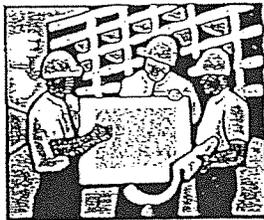
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