

# Township of Springfield

DELAWARE COUNTY, PA



EDWARD J. ABEL, SR.  
Director

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Community Development

**DEPARTMENT OF LICENSES AND INSPECTIONS**  
50 POWELL ROAD, SPRINGFIELD, PA 19064-2446  
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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**

## 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.  $\text{Velocity} = \frac{\text{cfm}}{\text{divided square foot of duct}}$
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 than 40 inches above the roof, 10 feet air intakes or less than 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.

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.**

<b>I. LOCATION OF BUILDING</b>	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><b>A. TYPE OF IMPROVEMENT</b></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><b>D. PROPOSED USE - For "Wrecking" most recent use</b></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>Residential</b></p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -&gt; _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -&gt; _____</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><b>Nonresidential</b></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><b>Residential</b></p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -&gt; _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -&gt; _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p><b>Nonresidential</b></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>B. OWNERSHIP</b></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><b>C. COST</b></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><b>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.</b></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><b>E. PRINCIPAL TYPE OF FRAME</b></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><b>G. TYPE OF SEWAGE DISPOSAL</b></p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p><b>J. DIMENSIONS</b></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><b>F. PRINCIPAL TYPE OF HEATING FUEL</b></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><b>H. TYPE OF WATER SUPPLY</b></p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p>	<p><b>K. NUMBER OF OFF-STREET PARKING SPACES</b></p> <p>51. Enclosed.....</p> <p>52. Outdoors.....</p>	<p><b>L. RESIDENTIAL BUILDINGS ONLY</b></p> <p>53. Number of bedrooms.....</p> <p>54. Number of bathrooms</p> <p style="margin-left: 20px;">} Full.....</p> <p style="margin-left: 20px;">} Partial.....</p>
<p><b>I. TYPE OF MECHANICAL</b></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>			

**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
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**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 Obtained	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 _____ 19_____ Building Permit Fee \$ _____  Certificate of Occupancy \$ _____  Drain Tile \$ _____  Plan Review Fee \$ _____	<p style="text-align: center;"><u>FOR DEPARTMENT USE ONLY</u></p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Approved by: _____  _____ TITLE	

# 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: \_\_\_\_\_ Ft<sup>2</sup> (If greater than 21,780 Ft<sup>2</sup>, \$10,000 Bond Required)

Applicant is:  Property Owner  Contractor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**39-3. Permit required.**

- 1. 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.
- 2. 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.
- 3. 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.**

- 1. 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.
- 2. 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 application 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.
- 3. 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.
- 4. 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.

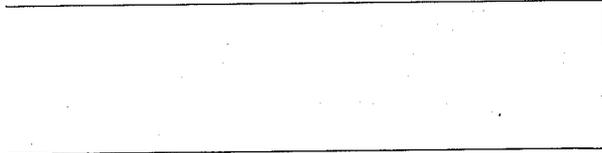
(5) Upon completion of rough grading, but prior to placing topsoil, permanent drainage or other site development improvements and ground covers.

(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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

**APPLICATION FOR CONTRACTORS LICENSE**

TOWNSHIP OF SPRINGFIELD  
50 POWELL ROAD  
SPRINGFIELD, PA. 19064  
FAX # 610-544-5780

DATE

LICENSE NO. #

CLASSIFICATION

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

**BUSINESS INFORMATION**

Complete Mailing Address

FIRM NAME		STREET	
TYPE OF BUSINESS		P O BOX	
PHONE #	CITY	STATE	ZIP CODE
CELL #			
WORKMAN'S COMPENSATION INSURANCE CARRIER		POLICY #	
CERTIFICATE OF INSURANCE (AGENT)		POLICY PERIOD	
NUMBER OF YEARS IN BUSINESS			

**APPLICANT INFORMATION**

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

NAME	HOME ADDRESS	HOME PHONE
TITLE		
NAME	HOME ADDRESS	HOME PHONE
TITLE		
NAME	HOME ADDRESS	HOME PHONE
TITLE		

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.

\$100.00 Fee

Applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor's email address:

IMPORTANT: Required fee must accompany each application. Do not send cash. make all checks and money orders payable to SPRINGFIELD TOWNSHIP.

**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.

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 Rd, Springfield Pa. 19064  
(610) 544-1300 Fax: (610) 544-5780

Permit Fee \_\_\_\_\_ Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_ Rec'd By \_\_\_\_\_

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## 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;

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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.

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# 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  
FAX # 610-544-5780

DATE

LICENSE NO. #

CLASSIFICATION

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

**BUSINESS INFORMATION**

Complete Mailing Address

FIRM NAME		STREET	
TYPE OF BUSINESS		P O BOX	
PHONE #	CITY	STATE	ZIP CODE
CELL #			
WORKMAN'S COMPENSATION INSURANCE CARRIER		POLICY #	
CERTIFICATE OF INSURANCE (AGENT)		POLICY PERIOD	
NUMBER OF YEARS IN BUSINESS			

**APPLICANT INFORMATION**

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

NAME	HOME ADDRESS	HOME PHONE
TITLE		
NAME	HOME ADDRESS	HOME PHONE
TITLE		
NAME	HOME ADDRESS	HOME PHONE
TITLE		

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.

\$100.00 Fee

Applicant \_\_\_\_\_

Contractor's email address: \_\_\_\_\_

IMPORTANT: Required fee must accompany each application. Do not send cash. make all checks and money orders payable to SPRINGFIELD TOWNSHIP.

**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.

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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  
FAX # 610-544-5780

DATE

LICENSE NO. #

CLASSIFICATION

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

**BUSINESS INFORMATION**

Complete Mailing Address

FIRM NAME		STREET	
TYPE OF BUSINESS		P O BOX	
PHONE #		CITY	STATE
CELL #		ZIP CODE	
WORKMAN'S COMPENSATION INSURANCE CARRIER		POLICY #	
CERTIFICATE OF INSURANCE (AGENT)		POLICY PERIOD	
NUMBER OF YEARS IN BUSINESS			

**APPLICANT INFORMATION**

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

NAME	HOME ADDRESS	HOME PHONE
TITLE		
NAME	HOME ADDRESS	HOME PHONE
TITLE		
NAME	HOME ADDRESS	HOME PHONE
TITLE		

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.

\$100.00 Fee

Applicant \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contractor's email address:

IMPORTANT: Required fee must accompany each application. Do not send cash. make all checks and money orders payable to  
SPRINGFIELD TOWNSHIP

**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.

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 (All Trades) \_\_\_\_\_ 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  
FAX # 610-544-5780

DATE

LICENSE NO. #

CLASSIFICATION

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

**BUSINESS INFORMATION**

Complete Mailing Address

FIRM NAME		STREET	
TYPE OF BUSINESS		P O BOX	
PHONE #		CITY	STATE
CELL #		ZIP CODE	
WORKMAN'S COMPENSATION INSURANCE CARRIER		POLICY #	
CERTIFICATE OF INSURANCE (AGENT)		POLICY PERIOD	
NUMBER OF YEARS IN BUSINESS			

**APPLICANT INFORMATION**

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

NAME	HOME ADDRESS	HOME PHONE
TITLE		
NAME	HOME ADDRESS	HOME PHONE
TITLE		
NAME	HOME ADDRESS	HOME PHONE
TITLE		

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.

\$100.00 Fee

Applicant \_\_\_\_\_

Contractor's email address: \_\_\_\_\_

**IMPORTANT:** Required fee must accompany each application. Do not send cash. make all checks and money orders payable to **SPRINGFIELD TOWNSHIP.**

**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.

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**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 \_\_\_\_\_

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**C. Exemption**

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Signature of applicant \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_