

## PROCEDURE FOR OBTAINING A BUILDING PERMIT

1. Fully complete the application for your permit making sure to date and sign it and return it along with the required application fee. The applicant for a permit may be the owner or owner's agent. (Please note that although the application fee is non-refundable, it will be applied toward the total cost of your permit(s), with the balance due at pick-up.)
2. For residential applications, the Building Inspector has a **3 week** period to review and approve or deny your permit application. For non-residential (commercial), **6 weeks** is allotted. Make sure there are daytime and evening telephone numbers for the Building Inspector to reach you should there be any questions about your application.
3. After the application has been approved, the applicant will be contacted when the permit is ready to be picked up and informed of the balance due. At pick up you will be asked to sign all copies of the permit, pay the balance of the permit fee and you will be given a check list with the inspection requirements for your project.
4. Permits are valid for one (1) year from date of issuance. The building official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. An additional fee will apply.
5. If you have any questions concerning your application, please contact Kraft Code Services at 610.775.7185. If no one is available when you call, please state the municipality your call pertains to and leave a detailed message.
6. **PLEASE NOTE:** No construction may begin without paying for and receiving your approved permit. Performing work without a permit will result in the doubling of all permit fees.

## **PERMIT APPLICATION CHECKLIST:**

- The following information should be included with your permit application:
- Application fee. (*Applications received without the required application fee will be considered incomplete and will not be processed.*)**
- Completed Zoning permit application
- Fully completed building permit application
- Two (2) sets of construction drawings including the following:
  - Plot plan showing all lot lines and dimensions from new structure to front, side & rear property lines
  - Floor plans showing dimensions of room(s) and/or structure(s)
  - Footer specifications
  - Foundation specifications
  - Framing plans including the following:
    - Locations and sizes of bearing walls and/or support posts or columns
    - Beam and/or headers sizes
    - Joist and/or rafter sizes
    - Locations and sizes of egress windows
    - Elevation views
- Driveway permit (if necessary)
- Plumbing/Mechanical permit(s) (if necessary)
- Electrical permit (if necessary)
- Proof of sewage permit (if necessary)
- Proof of legal subdivision
- Proof of contractor workers' compensation insurance or notarized exemption form
- Approved erosion and sedimentation control (E & SC) plan from the Berks County Soil Conservation District for projects involving earthmoving



# ZONING PERMIT APPLICATION

Municipality in which work will be performed: \_\_\_\_\_

## PROPERTY INFORMATION

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City/State/ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

## CONTRACTOR INFORMATION

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City/State/ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

## IMPROVEMENT INFORMATION:

Cost of improvement: \_\_\_\_\_ Use of property:  Residential  Commercial  Industrial

Type of use/structure:  Single family detached dwelling  Single family semi-detached dwelling

Detached garage  Shed  Fence  Deck

Addition  Swimming pool  Carport  Covered porch

Home Occupation/No Impact Home-Based Business (attach letter detailing proposed business)

Other: \_\_\_\_\_

The proposed building or structure is to be used as a \_\_\_\_\_

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Will electric service be installed?  Yes  No (If yes, electrical permit required)

Will water supply/drain pipe be installed?  Yes  No (If yes, plumbing permit required)

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

# BUILDING PERMIT APPLICATION

Municipality in which work will be performed: \_\_\_\_\_

## PROPERTY INFORMATION

Location: \_\_\_\_\_  
Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/ State/Zip: \_\_\_\_\_

## CONTRACTOR INFORMATION

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/ State/Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

## ARCHITECT/ENGINEER INFORMATION

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/ State/Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

## PROJECT INFORMATION

Cost of Improvement: \_\_\_\_\_  
Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Lot Size: \_\_\_\_\_ Use Group: \_\_\_\_\_

Type of improvement (check all that apply):

- New Building       Addition       Alteration       Demolition  
 Repair/replacement       Other (describe): \_\_\_\_\_

Proposed use (residential):

- One family       Two family       Accessory structure  
 Other (describe): \_\_\_\_\_

**PROJECT INFORMATION (CONTINUED)**

*Proposed use (non-residential/commercial):*

- |                                    |                                   |                                     |                                  |
|------------------------------------|-----------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Amusement | <input type="checkbox"/> Church   | <input type="checkbox"/> Industrial | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Utility   | <input type="checkbox"/> Hospital | <input type="checkbox"/> Office     | <input type="checkbox"/> Store   |

Other (describe): \_\_\_\_\_

Describe in detail the proposed use of the building (e.g. food processing, machine shop, parking garage, laundry building, etc.) If the use of the building is being changed from the current use, describe the new use:

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

*Principal Type of Construction:*

- Masonry (Wall Bearing)     Wood Frame     Steel Structure     Reinforced Concrete

*Energy/Insulation Compliance Path (only one of the following may be selected):*

- IRC Chapter 11                   PA Alternative     International Energy Conservation Code – IECC  
 (RESCHECK/COMCHECK software)

*Principal Type of Heating:*

- Gas     Oil     Electric     Other: \_\_\_\_\_

*Type of Sewage:*

- Public     Private (on-site system)

*Type of Water Supply:*

- Public     Private (well)

*Facilities:*

# of bedrooms \_\_\_\_\_ # of full bathrooms \_\_\_\_\_ # of partial bathrooms \_\_\_\_\_

*Dimensions (residential):*

Basement (sq ft) \_\_\_\_\_ 1<sup>st</sup> floor (sq ft) \_\_\_\_\_ 2<sup>nd</sup> floor (sq ft) \_\_\_\_\_

Garage (sq ft) \_\_\_\_\_ Deck (sq ft) \_\_\_\_\_ Other \_\_\_\_\_

*Size of building:*

# of stories \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_

Central Air Conditioning?  Yes  No                  Elevator?  Yes  No

Number of Off-Street Parking Spaces: Enclosed \_\_\_\_\_ Outdoor \_\_\_\_\_

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Signature of Applicant

Date

## PLUMBING PERMIT APPLICATION

Municipality in which work will be performed: \_\_\_\_\_

### PROPERTY INFORMATION

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City/State/ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### CONTRACTOR INFORMATION

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City/State/ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### IMPROVEMENT INFORMATION:

Cost of improvement: \_\_\_\_\_

Location where improvements will be made: \_\_\_\_\_

Type of Work:  New Construction  Addition  Alteration/Replacement

Brief description of work: \_\_\_\_\_

### EQUIPMENT IDENTIFICATION

Type	#	Type	#	Type	#
Sanitary Sewer connection		Water Service connection		Miscellaneous	
Water Heater		Heating Boiler		Steam Heating Boiler	
Dom Water Piping Connections		Water Pump		Water Conditioner	
Dishwasher		Garbage Disposal		Rain Conductor	
Sanitary Sump Pump		Mechanical Systems		Other	

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Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

PLUMBING PERMIT APPLICATION  
SANITARY RISER DIAGRAM

<b>1<sup>ST</sup> floor</b>
<b>Basement</b>

Kraft  
CODE SERVICES

## ELECTRICAL PERMIT APPLICATION

Municipality in which work will be performed: \_\_\_\_\_

### PROPERTY INFORMATION

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City/State/ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### CONTRACTOR INFORMATION

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City/State/ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### IMPROVEMENT INFORMATION:

Location: \_\_\_\_\_ Cost of improvement: \_\_\_\_\_

Utility Work Order #: \_\_\_\_\_

Type of Work:  New Construction  Addition  Alteration/Replacement  Pool

Service feeder/distribution panel:  New  Existing Size: \_\_\_\_\_ Amps

Brief description of work: \_\_\_\_\_

### EQUIPMENT IDENTIFICATION

Type	#	Type	#	Type	#
Ceiling Outlets		Ranges		Meters	
Switches		Water Heater		Subpanels	
Plug Receptacles		Heaters		Generators	
Heat/Smoke Detectors		Air Conditioners		Motors	

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Building packet



# MECHANICAL PERMIT APPLICATION

Municipality in which work will be performed: \_\_\_\_\_

## PROPERTY INFORMATION

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City/State/ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

## CONTRACTOR INFORMATION

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City/State/ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

## IMPROVEMENT INFORMATION:

Location: \_\_\_\_\_ Cost of improvement: \_\_\_\_\_

Type of Work:  New Construction  Addition  Alteration/Replacement  Pool

Service feeder/distribution panel:  New  Existing Size: \_\_\_\_\_ Amps

Brief description of work: \_\_\_\_\_

## EQUIPMENT IDENTIFICATION

Type	#	Type	#	Type	#
Split System Gas/Electric		Split System Electric/Electric		Heat Pump Split System	
Packaged terminal A/C		Boiler Hot Water		Steam Boiler ( _____ PSI)	

By applying for this permit, I acknowledge that all information provided in this application is complete and accurate, that the work performed will be in conformance with the Pennsylvania Uniform Construction Code and/or any applicable ordinances of the municipality in which the work is to be performed as well as in accordance with the approved plan after a plan review has been completed. I understand that this is not a permit to begin work, but only an application for a permit and that work is not to start without a permit and that the fees for the permit may be doubled if work starts without a permit. I understand that if I give false information regarding this permit application that any permits issued based on this information will be invalid and the municipality could initiate legal proceedings against me, which could result in my being fined or imprisoned, or in the improvement being removed at my expense or any other legal remedy appropriate under the circumstances.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

# DRIVEWAY PERMIT APPLICATION

Municipality in which work will be performed: \_\_\_\_\_

## PROPERTY INFORMATION

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City/State/ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

## CONTRACTOR INFORMATION

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City/State/ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

## IMPROVEMENT INFORMATION:

Exact location/address of driveway or other improvement (include nearest cross street):  
\_\_\_\_\_

Type of improvement:

- Construct new driveway
- Pave existing driveway
- Driveway modification with State or Township right-of-way
- Install ditch, drain or sanitary sewer on State or Township street, road or right-of-way

Cost of driveway improvement: \_\_\_\_\_ Approximate date work will begin: \_\_\_\_\_

Material to be used: \_\_\_\_\_

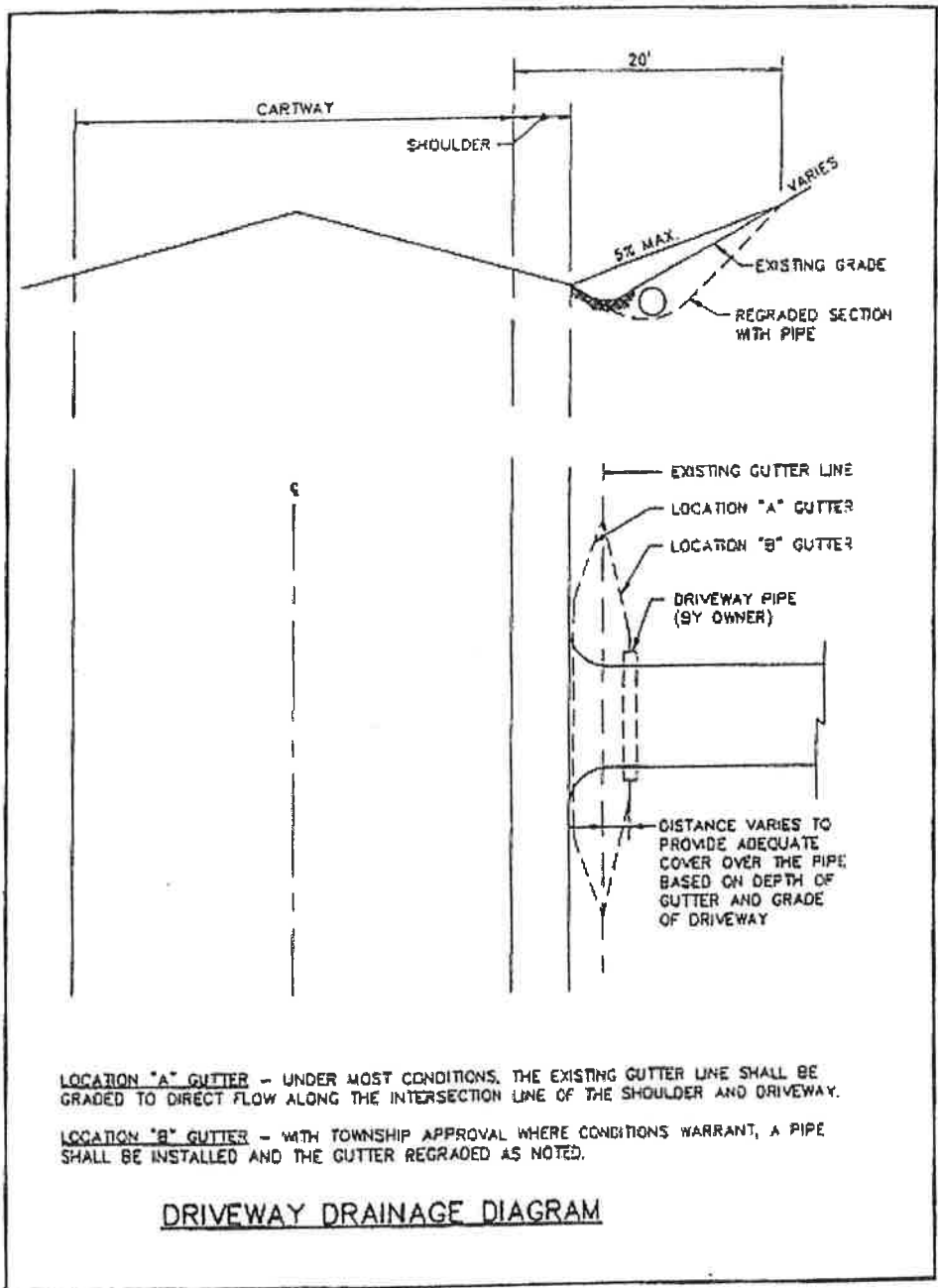
Width of driveway: \_\_\_\_\_ Distance from centerline of roadway to gutter or ditch: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

**Note: All driveways must be inspected prior to paving (to insure proper storm water drainage) and after paving and sealing is complete.**

By applying for this permit, I acknowledge that all information provided in this application is complete and accurate, that the work performed will be in conformance with the Pennsylvania Uniform Construction Code and/or any applicable ordinances of the municipality in which the work is to be performed as well as in accordance with the approved plan after a plan review has been completed. I understand that this is not a permit to begin work, but only an application for a permit and that work is not to start without a permit and that the fees for the permit may be doubled if work starts without a permit. I understand that if I give false information regarding this permit application that any permits issued based on this information will be invalid and the municipality could initiate legal proceedings against me, which could result in my being fined or imprisoned, or in the improvement being removed at my expense or any other legal remedy appropriate under the circumstances.

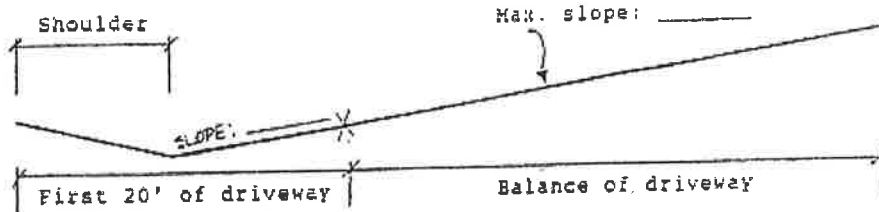
\_\_\_\_\_  
Applicant Signature Date



DRIVEWAY PERMIT APPLICATION - PAGE 2

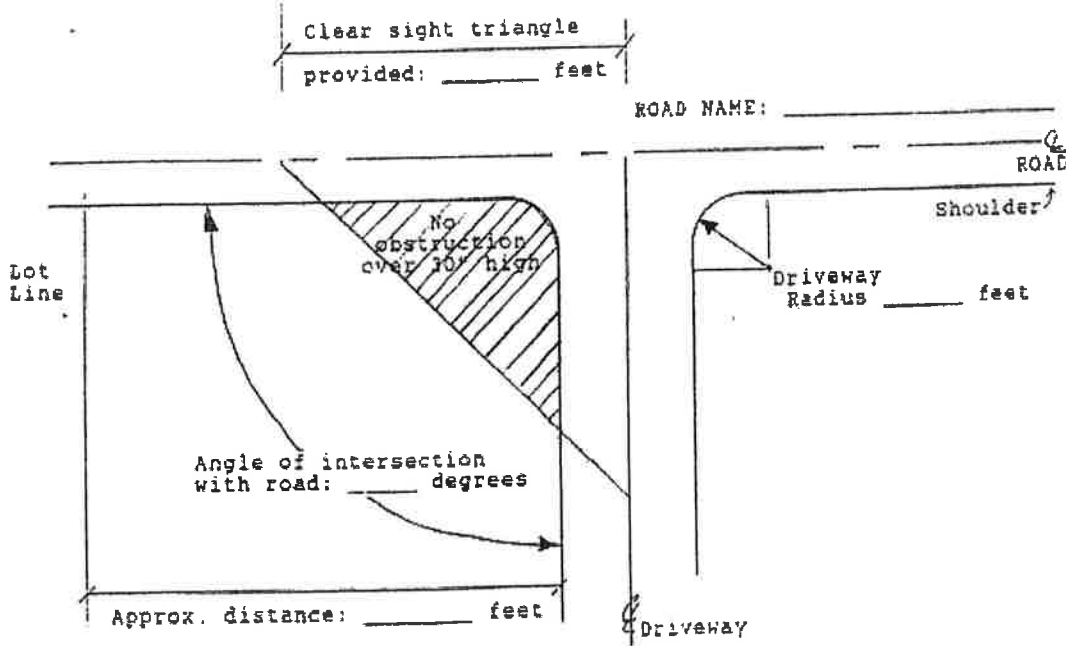
APPLICANT: \_\_\_\_\_

RIVEWAY PROFILE:



Note downward slopes as negative (-)  
Note upward slopes as positive (+)

LAN VIEW OF DRIVEWAY:



FILL IN ALL THE BLANKS

**PENNSYLVANIA WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM**

Please complete all applicable sections of this form paying special attention to the documentation requirements listed in each section. The building and/or zoning permit that you are requesting will not be issued until this form is completed properly.

**1. Are you the homeowner/property owner** performing the work (as requested in this application) yourself?

- No - go to question #2
- Yes – read this exemption statement, sign to indicate your understanding and submit this form with your application  
“Homeowner swears/affirms that he/she will be performing all work on this project and no outside contractors will be employed on this project.”

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Are you the homeowner/property owner** who has hired a contractor to perform the work (as requested in this application)?

- No – go to question #3
- Yes – please have your contractor complete Sections A & B

**3. Are you the contractor** hired by the homeowner/property owner to perform the work as requested in this application)?

- Yes – complete Section A & B
- No – please explain: \_\_\_\_\_

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A. Name of Company \_\_\_\_\_

Contact person \_\_\_\_\_ Phone # \_\_\_\_\_

Address of company \_\_\_\_\_

Federal or State Employee Identification # \_\_\_\_\_

Please select one of the following options:

- Applicant is a qualified self-insurer for workers' compensation  
✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
  - Applicant carries workers' compensation coverage with an insurance company  
✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
  - Applicant is exempt from providing workers' compensation insurance because:
    - The contractor is a sole proprietorship without employees (The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.)
    - All of the contractor's employees on the project claim an exemption based on religious grounds as defined in Section 304.2 of the Workers' Compensation Act.
- Note: If you are requesting an exemption from the Workers' Compensation Act requirements, you must sign in Section B in front of a notary public.**

Will you be using any subcontractor(s) on this project?  No  Yes (if yes, all subcontractors must present proof of insurance as required under the Pennsylvania Workers' Compensation Act.)

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B. My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation insurance as needed and verifies that all statements made above are true. **I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act that I must sign this form in front of a notary public.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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**NOTARIZATION REQUIRED FOR CONTRACTORS REQUESTING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE**

County \_\_\_\_\_ Municipality of \_\_\_\_\_

My commission expires: \_\_\_\_\_ Subscribed and sworn to before me this-  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

SEAL \_\_\_\_\_