

# RESIDENTIAL BUILDING PERMIT APPLICATION

*Please complete the first and last page and any other relevant sections*



101 Commerce Drive | Exton, PA 19341 | (610) 363-9525 x2157 | permits@westwhiteland.org

## Property Information:

Property/Site ADDRESS:			
Date:	Lot Size:	Tax Parcel #:	Zoning District:
Existing Impervious Coverage (sq/ft):		Proposed Impervious Coverage (sq/ft):	
Is Proposed Structure an Historically Designated Property?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is Proposed Structure Within 300' of an Historically Designated Property?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is Historical Commission Approval Required?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the Property located in a Flood Zone?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Property Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo			
Owner Name:			
Address:			
Email:			Phone:

## General Permit Information:

Proposed Start Date: \_\_\_\_\_

Proposed Building Use:		Labor Cost -		Code Edition:	
Proposed Structure Dimensions:				Construction Type:	
Setbacks:	Front Yard:	Rear Yard:	Left Yard:	Right Yard:	
Location of work:	1 <sup>st</sup> Floor:	2 <sup>nd</sup> Floor:	3 <sup>rd</sup> Floor:	Automatic Fire Sprinkler System	
Basement:	Crawl Space:	Loft Area:	Garage:	Required	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Type of work:	Demolition	Building	Mechanical	Electrical	Plumbing
Drainage	Historical	Fire Alarm	Fire Suppression	Use & Occupancy	
Flood					
Other					
Description of Work:					

## Building Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Signature Owner/Agent:			Date:
Cost of Total Improvement:		D/B/A:	
Labor Only Cost:		ED/Training: \$4.50	
Code Officer:			Date:

**Water Service:** (Check)

Public

Private

**Sewer Service:** (Check)

Public

Private (Septic Permit # \_\_\_\_\_)

Removal/installation of UST required?

Yes:    No:

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## Demolition Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Signature Owner/Agent:		Date:	
Total Cost of Demolition:		D/B/A:	
Labor Only Cost:		ED/Training: \$4.50	
Code Officer:		Date:	

## Mechanical Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Signature Owner/Agent:		Date:	
Total Cost of Improvement:		D/B/A:	
Labor Only Cost:		ED/Training: \$4.50	
Code Officer:		Date:	

## Electrical Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Signature Owner/Agent:		Date:	
Description of Electrical Work:			
Total Cost of Improvement:		D/B/A:	
Electrical Inspector/Plans Examiner:		Date:	
Size of Service:			
Third Party Fee: UNITED		ED/Training: \$4.50	
Code Officer:		Date:	

## Plumbing Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Signature Owner/Agent:		Date:	
Type of Pipe (Cast or PVC)			
Total Cost of Improvement:		D/B/A:	
Labor Only Cost:		ED/Training: \$4.50	
Code Officer:		Date:	

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## Fire Construction Section:

Contractor Name		PA Contractor #:	
Address:			
Email:		Phone	
Total Cost of Improvement:		Labor Only Cost:	
D/B/A:			
No. of Smoke Alarm:	No. of Horn/Strobes:	No. of Pull Stations:	No. of Heat Detectors:
Signature Owner/Agent:			
Code Officer:		Date:	

## Fire Supression Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Total Cost of Improvement:		Labor Only Cost:	
D/B/A:			
Replacement/Repair of heads:		New Installation:	
Signature Owner/Agent:		Date:	
Code Officer:		Date:	

**Sprinklers:** Type of System    Wet                  Dry                  Pre- Action                  Deluge                  Limited Area

Type of Work                  New                  Relocate                  Modify

Number of Heads: \_\_\_\_\_                  System Demand: \_\_\_\_\_                  Stand pipe(s): \_\_\_\_\_

Hydraulically Calculated:                  Pipe Schedule: \_\_\_\_\_

## Zoning Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Zoning Hearing Board Conditions Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		D/B/A:	
Signature Owner/Agent:		Date:	
Zoning Officer:		Date:	



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## Flood Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email Address:		Phone:	
Signature Owner/Agent:			Date:
Description of Work:			
Permit #:		D/B/A:	
Is a DEP permit required:			
Flood Permit Conditions Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Flood Administrator:		Date:	
Code Officer:		Date:	

## Historical Commission Approval Section:

<b>Contractor Name:</b>		<b>PA Contractor #:</b>	
Address:			
Email:		Phone:	
Signature Owner/Agent:			Date:
Cost of Improvement:		D/B/A:	
Historical Site #:			
Historical Commission Conditions Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Historical Commission Officer:			



# **RESIDENTIAL BUILDING PERMIT APPLICATION**

*Please complete section*

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## **Use & Occupancy Approval Section:**

<b>Contractor Name:</b>		<b>PA Contractor #:</b>	
Address:			
Email Address:		Phone:	
Signature Owner/Agent:			Date:
Cost of Improvement:		D/B/A:	
U&O Fee:		ED/Training: \$4.50	
Occupancy Classification:		Occupant Load:	
Zoning Officer:			Date:
Code Officer:			Date:
Public Works Officer:			Date:

The applicant certifies that all information on this application is correct & the work, if properly submitted, authorized and approved, will be completed in accordance with the “approved” construction documents & PA Act 45 (Uniform Construction Code) & any additional approved building code requirements adopted by the Municipality. The property owner & applicant assumes the responsibility of locating the property lines, setback lines, easements, rights-of-way, flood areas, etc.

Issuance of a permit & approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances & regulations.

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

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

<b>Signature Owner/Agent:</b>	<b>Date:</b>
<b>Print Name of Signature:</b>	

**All applications with relevant documents are to submitted electronically to  
[permits@westwhiteland.org](mailto:permits@westwhiteland.org)**

**We accept one hardcopy that may be dropped off or mailed to West Whiteland Township**

**Please remember to review the *Permit Checklist* for application requirements prior to submitting for review**