The Township of Springfield

MONTGOMERY COUNTY, PENNSYLVANIA

Township Bldg., 1510 Paper Mill Rd., Wyndmoor, PA 19038
Tel: (215) 836-7600   Fax: (215) 836-7180

APPLICATION FOR BUILDING PERMIT

Date _____

To All Applicants:

1. Please complete all applicable sections of application and attach any necessary scaled construction plans, specification or site plans.
2. The permit fee and certificate of insurance must be submitted with the application. **Incomplete applications will not be accepted.**
3. The Township requires a maximum 15 day review period for permit approval.
4. No construction may begin until the permit application is approved, and the permit is properly posted at the construction site.
5. At least 24 hours notice must be given to the Township prior to the start of construction.

COMPLETE SECTIONS I, II, III, IV, V, VI, X

PERMIT #   **LOCATION**

I. LOCATION OF BUILDING

Street Address _____ Zoning Dist. _____

Subdivision _____ Lot _____ Block _____

Lot Size _____

II. TYPE OF IMPROVEMENT

A. TYPE OF IMPROVEMENT
____ New Building
____ Addition
____ Alteration
____ Repair, Replacement
____ Demolition
____ Reroofing
____ Foundation Only
____ Other _____
_____

B. PROPOSED USE

Residential
____ One Family
____ Two or more Family
   # of Units _____
____ Garage (detached)
____ Accessory Bldg. (e.g., shed, gazebo)
____ Other _____
_____

Non Residential
____ Church or Assembly
____ Industrial
____ Business
____ Mercantile
____ Institutional
____ Educational
____ Public Utility
____ Storage
____ Mixed Use
____ Other _____

C. COST OF CONSTRUCTION

$_____

D. Non Residential Use - Describe in detail proposed use of building:

_____
_____

III. CONSTRUCTION CHARACTERISTICS (please indicate ____ New or ____ Existing)

E. PRINCIPAL TYPE OF FRAME
____ Masonry
____ Wood Frame
____ Structural Steel
____ Reinforced Concrete
____ Other _____
_____
_____

F. FOUNDATION WALL CONSTRUCTION
____ Masonry Block
____ Concrete
____ Slab on Grade
   Dimensions
_____
_____

G. NUMBER OF OFF STREET PARKING SPACES

Enclosed _____

Outdoor _____

H. HEATING FUEL
____ Gas
____ Oil
____ Electricity
____ Coal
____ Other _____
_____

I. BUILDING DIMENSIONS
No. of Stories _____

Exterior Dimensions
W _____ L _____ H _____

Square Footage _____

For Department Use

Use Group _____

Const. Type
_____

Max. Occupancy _____

Per Floor _____

IV. DESCRIPTION OF CONSTRUCTION:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

V. WORKERS COMPENSATION/LIABILITY INSURANCE COVERAGE INFORMATION

A. The applicant for the Building Permit, in compliance with PA Act 44 of 1993, Workers Compensation Act, hereby submits (check appropriate box/boxes)

_____ Certificate of Insurance (Please attach Certificate with Township named as a certificate holder.)

_____ Certificate of Self Insurance (Please attach Certificate with Township named as a certificate holder.)

_____ Affidavit of Exemption from providing Workers' Compensation Insurance (If applicant is homeowner, please complete only section C)

B. Insurance Information

Name and address of applicant _____

Federal or State employer ID No. _____

Name of Insurer _____

Workers' Compensation Policy No. and Expiration Date _____

Liability Insurance Policy No. and Expiration Date _____

C. If an exemption is being claimed in Section A, please complete the following and sign in presence of a Notary Public.

_____ Applicant is an individual who owns the property.

_____ Contractor/sole proprietor without employees (Contractor prohibited from employing any individual to perform work pursuant to this permit without providing proof of Workers' Compensation Insurance to Township.

_____ Religious exemption under section 304.2 of the Workers' Compensation Act (Act 44).

Subscribed and sworn to before me this

_____day of_____, 20___ .
(Signature of Notary Public)

My signature on behalf of or as the Contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa C.S.A. 4904 relating to unsworn falsifications to authorities.

Signature _____

VI. IDENTIFICATION – *Completed by all*

NAME	MAIL ADDRESS	ZIP	TELEPHONE #
Owner or Lessee			
Contractor			
Architect or Engineer			

The owner of this building and the undersigned agree to conform to all applicable laws of this Jurisdiction.

Signature of Applicant	Address	App. Date

VII. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVAL

Permit/Approval	Date Obtained	No.	By	Remarks
Soil Erosion				
Plumbing				
Sign				
Storm Water Mgmt.				
Septic System				
Fire Permit				

VIII. VALIDATION

Building Permit No. _____

Building Permit Issued _____ 20 _____

Building Permit Fee $ _____

Conditions _____

_____

Approved by:

_____

_____

IX. ZONING EXAMINERS NOTES

DISTRICT

USE

FRONT YARD

SIDE YARD   SIDE YARD

REAR YARD

COVERAGE   %

NOTES

X. SITE OR PLOT PLAN – *For Applicant Use   Scale 1" = 40'*