

\* EFFECTIVE JANUARY 1, 2012 A NON-REFUNDABLE \$35 APPLICATION/REVIEW FEE IS REQUIRED WITH ALL APPLICATIONS IN THE FORM OF CHECK, MONEY ORDER OR EXACT CHANGE. THIS FEE WILL BE APPLIED TO THE PERMIT FEE, IF APPROVED \*

**PERMIT COVER PAGE**

Address where work is being performed \_\_\_\_\_  
\_\_\_\_\_

Is contractor performing work? \_\_\_\_ YES \_\_\_\_ NO. If answered YES than Contractor must provide Proof of Insurance to the Borough

Is property owner performing work? \_\_\_\_ YES \_\_\_\_ NO. If answered YES than property owner must provide Proof of Insurance to the Borough

Contractor/Policyholder Federal or State EIN (if applicable): \_\_\_\_\_

If Applicant is a contractor, Applicant's registration number required by the Pennsylvania Home Improvement and Consumer Protection Act: \_\_\_\_\_.

I certify that the statements made in this Permit Application are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities.

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
Name of Applicant (Printed)

\_\_\_\_\_  
Title of Applicant (if applicable)

Fax to:  
215-361-8393

# BOROUGH OF LANSDALE

## BUILDING PERMIT APPLICATION PROCEDURES

**\*PLEASE MAKE SURE ALL CHECKLIST ITEMS ARE COMPLETE BEFORE SUBMITTAL\***

### Building Permit Checklist

- All sections of application completed
- Application signed and dated
- Site/Plot Plan (*unless sealed design professional plans are required*) with all dimensions
- 2 copies of plans and specifications  
(*Plans must include structural, electrical, mechanical, and plumbing details.*)
- 3 copies of plans and specifications  
(*Fire protection*)
- Copy of certificate of insurance for all contractors/subcontractors  
(*Fax to 215-361-8393*)

### Notes:

**Work may not start until a permit has been approved and granted.** The permits are to be displayed so as to be visible from the street. Final approval shall not be granted until all fees are paid in full.

**INSPECTIONS** – Call the Borough office (215-361-8333) at least 24 hours in advance to schedule each inspection. Notification for inspections at the various stages of construction is the responsibility of the applicant and/or contractor. If the appropriate inspections are not requested, they will not be performed and uninspected work will not be granted final approval.

**All Subdivision and Land Development approvals must be complete before submitting building permit. Township requires stamped plans if any structural materials (i.e.: steel, trusses, bond beams or manufactured beams) are being used in the construction of structure.**

# FEES

## Residential - One and Two Family Dwelling

Area calculations shall be made using outside dimensions of construction

### Building

#### New Construction:

- \$300 First 1,500 square feet of floor area including garage and full basement
- \$100 Each additional 500 square feet or fraction thereof including garage and basement
- \$ 4 Fee assessed per Commonwealth of PA

#### Additions / Alterations:

*Amended by Borough Council Resolution 09-09 dated March 18, 2009*

- \$100 Base fee plus
- \$0.25 Each square foot of gross floor area
- \$ 4 Fee assessed per Act 13 of 2004 from Commonwealth of PA

#### Accessory Structures Including, but not limited to, shed, garage, swimming pool with enclosure, etc:

- \$70 For the first \$3,000 of cost or part thereof
- \$30 Each additional \$1,000 of cost or part thereof
- \$ 4 Fee assessed per Commonwealth of PA

### Electrical

- \$50 For the first \$3,000 of cost or part thereof
- \$15 Each additional \$1,000 of cost or part thereof
- \$ 4 Fee assessed per Commonwealth of PA

**\*\* NOTE: Service, rough and final electrical work must be inspected by a PA Labor & Industry approved third-party electrical inspector. Certifications of each inspection must be submitted to the Borough. \*\***

### Mechanical (HVAC)

- \$50 For the first \$3,000 of cost or part thereof
- \$20 Each additional \$1,000 of cost or part thereof
- \$ 4 Fee assessed per Commonwealth of PA

### Plumbing

- \$ 50 Base fee (applied to all applications)
- \$ 20 Per new fixture (new rough-in)
- \$ 30 New / replacement sewer lateral
- \$ 30 New / replacement water service
- \$175 Fire suppression system
- \$ 4 Fee assessed per Commonwealth of PA

# FEES

## Residential (3 or more dwellings), Commercial , Professional Office, Industrial

Area calculations shall be made using outside dimensions of construction.

### Building

#### New Construction:

\$750	First 1,000 square feet of floor area
\$150	Each additional 500 square feet or fraction thereof
\$ 4	Fee assessed per Commonwealth of PA

#### Additions / Alterations:

*\*\*Amended by Borough Council Resolution 09-09 dated March 18, 2009\*\**

\$300	Base fee plus
\$0.35	Each square foot of gross floor area
\$ 4	Fee assessed per Act 13 of 2004 from Commonwealth of PA

### Electrical

\$50	For the first \$3,000 of cost or part thereof
\$15	Each additional \$1,000 of cost or part thereof
\$ 4	Fee assessed per Commonwealth of PA

**\*\* NOTE: Service, rough and final electrical work must be inspected by a PA Labor & Industry approved third-party electrical inspector. Certifications of each inspection must be submitted to the Borough. \*\***

### Mechanical (HVAC)

\$100	For the first \$3,000 of cost or part thereof
\$ 20	Each additional \$500 of cost or part thereof
\$ 4	Fee assessed per Commonwealth of PA

### Plumbing

\$100	Base fee (applied to all applications)
\$ 20	Per fixture with new rough-in
\$ 30	New / replacement sewer lateral
\$ 30	New / replacement water service
\$ 4	Fee assessed per Commonwealth of PA

#### *Fire Sprinkler System*

\$250	For the first \$3,000 of cost or part thereof
\$ 30	Each additional \$1,000 of cost or part thereof
\$ 4	Fee assessed per Commonwealth of PA

#### *Fire Standpipe*

\$75	Per riser
\$ 4	Fee assessed per Commonwealth of PA

## ELECTRICAL UNDERWRITERS

ATLANTIC INLAND INSPECTIONS 610-995-2791  
PO BOX 967  
SOUTHEASTERN PA 19399-0967

CODE INSPECTIONS 215-672-9400  
605 HORSHAM ROAD  
HORSHAM PA 19044

LEHIGH VALLEY ELECT INSPECTION 610-868-7165  
PO BOX 361  
OREFIELD PA 18069

MIDDLE ATLANTIC ELECTRICAL INSPECTIONS 215-322-2626  
302 E PENNSYLVANIA BOULEVARD  
FEASTERVILLE PA 19053

MIDDLE DEPART INSPECTION AGENCY INC 215-244-1919  
1542 BRISTOL PIKE 800-992-6342  
BENSALEM PA 19020

MUNICIPAL INSPECTION CORP. 215-673-4434  
1932 KENTWOOD STREET  
PHILADELPHIA PA 19116

UNDERWRITERS INSPECTION SERVICES INC. 610-495-2803  
PO BOX 416  
ROYERSFORD PA 19468

UNITED INSPECTION AGENCY  
PO BOX 3361 215-542-9977  
AMBLER, PA 19002

REVISED 04/19/05



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## BOROUGH OF LANSDALE

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One Vine Street ■ Lansdale, Pennsylvania 19446-3601

■ FAX 215-361-8399

■ 215-368-1691

### REQUIREMENTS FOR NEW ELECTRIC SERVICES

1. ALL WORK OVER \$50.00 REQUIRES A PERMIT, AND MUST BE INSPECTED BY AN ELECTRICAL UNDERWRITER.
2. YOU MUST USE A RINGLESS SOCKET WITH BYPASS HORNS FOR RESIDENTIAL SERVICE AND LIGHT DUTY COMMERCIAL.
3. IF YOU HAVE A SEPARATE METER FOR YOUR HOTWATER BILLING, YOU MUST GO DOWN TO ONE METER ONLY.
4. FOR HEAVY DUTY COMMERCIAL SINGLE-PHASE AND THREE-PHASE USE RINGLESS SOCKET WITH BYPASS LEVER. PLEASE CONTACT THE ELECTRIC SERVICE BUILDING AT (215) 361-8371 FOR TYPE OF SOCKET TO BE USED.

THANK YOU FOR YOUR COOPERATION IN THESE MATTERS.

Code Enforcement Office  
One Vine Street  
Lansdale, PA 19446  
P: 215-368-1691 F: 215-361-8393  
[www.lansdale.org](http://www.lansdale.org)



## Borough of Lansdale Building Permit Application

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit# \_\_\_\_\_

For Office Use Only

### I. Property Information:

Site Address \_\_\_\_\_ Tax Map Parcel # \_\_\_\_\_

Residential  Commercial  Single Family  Multi-Family Lot# \_\_\_\_\_ Zoning \_\_\_\_\_

### II. Property Owner:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### III. Contractor Information: Same as Owner

PA License # \_\_\_\_\_

Company \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### IV. Applicant: Same as Owner Same as Contractor

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### V. Building:

Type of application:  Addition  Alteration  New Residential Building

New Commercial Building  Other \_\_\_\_\_

Description of Work:

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Est. Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Est. Finish Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Est. Job Cost \$ \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Contact# \_\_\_\_\_

Proposed Use:

<u>Residential:</u> <input type="checkbox"/> One Family <input type="checkbox"/> Two or More Family <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other _____ _____	<u>Non Residential:</u> <input type="checkbox"/> Religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Office, Professional <input type="checkbox"/> School, Library <input type="checkbox"/> Retail
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Structural Frame:  Steel  Concrete  Wood  Masonry  Other \_\_\_\_\_  
 Exterior Walls:  Wood  Masonry  Concrete  Steel  Other \_\_\_\_\_  
 Roof Construction:  Rafter  Wood Truss  Steel Truss  Other \_\_\_\_\_  
 Roof Covering:  Asphalt/Fiberglass Shingles  Metal  Built-Up  Other \_\_\_\_\_

<u>Dimensions:</u> Number of Stories: _____ Total Sqft of Floor Area: _____ _____ Total Land Area, sqft: _____ <u>Number of Off Street Parking Spaces</u> Enclosed: _____ Outdoors: _____ <u>Residential buildings only</u> No. of bedrooms _____ Full _____ Partial _____	Front Setback _____ Rear Setback _____ _____ Left Setback _____ Right Setback _____ _____ Building Height _____ _____ No. of Bathrooms _____ Full _____ Half _____	Industrial Area _____ Commercial Area _____ _____ Building Area _____ Living Area _____ _____ Garages _____ Garage Area _____ _____ Building Value _____
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**VI. Electric:**

Contractor \_\_\_\_\_  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City State Zip

	Power Devices/Load		Power Devices/Load
1		5	
2		6	
3		7	
4		8	
Service Amps:		Total # of Motors:	
Number of Outlets: _____ 110 volt _____ 220 volt		Number of Circuits: ___ 2 wire ___ 3wire ___ 4 wire	

Description of Work:

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

Est. Job Cost \$ \_\_\_\_\_



**VII. Plumbing:**

Contractor \_\_\_\_\_  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State Zip \_\_\_\_\_

Fixture Type	#Fixtures	Fixture Type	#Fixtures	Fixture Type	#Fixtures
Tub/Showers		Water Heaters		Drinking Fountains	
Shower Stalls		Water Softeners		Inside Downspouts	
Lavatories		Water Pumps		Back Flow Preventers	
Toilets		Sump Pump		Swimming Pools	
Urinals		Sewage Ejectors		Standpipes	
Sinks		Floor Drains		Fire Sprinklers	
Laundry Tubs		Parking Lot Drains		Other	
Dishwashers		Bidets			
Garbage Disposals		Roof Openings			
				Total # Fixtures	

Public Water (Y/N) \_\_\_\_\_ Public Sewer (Y/N) \_\_\_\_\_ Water Service Size \_\_\_\_\_ IN Water Meter Size \_\_\_\_\_ IN

Description of Work:

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

**VIII. Mechanical:**

Contractor \_\_\_\_\_  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State Zip \_\_\_\_\_

Type	# Units	Type	# Units	Type	# Units	Type	# Units
Boiler		Gas/Oil Conversion		Electric Furnace		A/C Compressor	
Forced Air Furnace		Space Heater		Coil Unit		Air Handling Unit	
Heat Pump		Incinerator		Window A/C unit		Air Cleaner	
Unit Heater		Solid Fuel Appliance		Split System A/C		Gravity Furnace	

Description of Work:

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

Est. Job Cost \$ \_\_\_\_\_

**IX. Plot Plan:**

