



Whitemarsh TOWNSHIP

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**WHITEMARSH TOWNSHIP
PLAN SUBMISSION CHECKLIST
FOR BUILDING AND ZONING PERMITS**

Other requirements as determined by the Code Official may be required

Or requested based on scope of project.

- 1. All Fees are submitted with Applications OR applications will be returned
- 2. Insurance Certificate
- 3. Completed Building Permit Application (attached)
 - a. One set of plans – (hard copy)
 - b. A set of plans sent electronically (jfrangiosa@whitemarshtwp.org) or on a thumb drive
 - c. Commercial plans must have a wet seal
 - d. Site Plan
 - e. Footing/Foundation Details
 - f. Architectural Details
 - g. Structural Details
 - h. Res/Comm-Check Energy Calculations
- 4. Zoning decisions (if applicable)
- 5. Fire Protection Details (when required)
- 6. Completed Electrical Permit Application with plans
- 7. Completed HVAC Permit Application with plans and manufactures specs
- 8. Completed Plumbing Permit Application with plans

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT ALL REQUIRED INFORMATION AT TIME OF SUBMISSION.



**WHITEMARSH TOWNSHIP
APPLICATION FOR PLAN EXAMINATION
FOR BUILDING AND ZONING PERMITS**

PART 5. BUILDING PERMIT APPLICATION

FOR DEPT. USE ONLY	IMPROVEMENT TYPE:	<input type="checkbox"/> New Construction (1)	<input type="checkbox"/> Addition (2)
Request Plan No. (Y / N)	<input type="checkbox"/> Alteration (3)	<input type="checkbox"/> Repair/Replacement (4)	<input type="checkbox"/> Demolition (5)
Plan No:	<input type="checkbox"/> Relocation (6)	<input type="checkbox"/> Foundation Only (7)	<input type="checkbox"/> Change in Use Only (8)

PROPOSED USE:

ASSEMBLY	FACTORY	RESIDENTIAL	<input type="checkbox"/> OTHER (24)
<input type="checkbox"/> Theatre (1)	<input type="checkbox"/> Moderate Hazard (9)	<input type="checkbox"/> Hotel, Motel (16)	Parking Garage
<input type="checkbox"/> Night Club (2)	<input type="checkbox"/> Low Hazard (10)	<input type="checkbox"/> Multi-Family (17)	Carpport
<input type="checkbox"/> Restaurant (3)	<input type="checkbox"/> HIGH HAZARD (11)	<input type="checkbox"/> BOCA Two Family (18)	Motor Fuel Service
<input type="checkbox"/> Church (4)	INSTITUTIONAL	<input type="checkbox"/> CABO Two Family (19)	Repair Garage
<input type="checkbox"/> Other Assembly (5)	<input type="checkbox"/> Group Home (12)	<input type="checkbox"/> BOCA Single Family (20)	Public Utility
<input type="checkbox"/> BUSINESS (6)	<input type="checkbox"/> Hospital (13)	<input type="checkbox"/> CABO Single Family (21)	HPM
EDUCATIONAL	<input type="checkbox"/> Jail (14)	STORAGE	_____
<input type="checkbox"/> (Grades 1-12 (7)	<input type="checkbox"/> MERCANTILE (15)	<input type="checkbox"/> Moderate Hazard (22)	_____
<input type="checkbox"/> Day Care Facility (8)		<input type="checkbox"/> Low Hazard (23)	_____

STRUCTURAL FRAME (check all that apply):	EXTERIOR WALLS (check all that apply):
<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (2) <input type="checkbox"/> Masonry (3)	<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (2) <input type="checkbox"/> Masonry (3)
<input type="checkbox"/> Wood (4) <input type="checkbox"/> Other (5), Identify:	<input type="checkbox"/> Wood (4) <input type="checkbox"/> Other (5), Identify:

Are any **structural assemblies** fabricated off-site? Yes No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales Area (Sq. feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service Area (Sq. feet)
Elevators / Escalators (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)

Estimated Start Date:	Estimated Finish Date:
Estimated Value of Work (\$):	



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Is there Electrical Work? Yes No

PART 6. ELECTRICAL PERMIT APPLICATION

Total Service _____ AMPS	Number of Service Outlets _____ 110 V _____ 220 V				
Number of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE					
POWER DEVICES	No.	OUTPUT/LOAD	POWER DEVICES	No.	OUTPUT/LOAD
1)			7)		
2)			8)		
3)			9)		
4)			10)		
5)					
6)			Total Number of Motors		

Utility Service Revisions:	
Estimated Start Date:	Estimated Finish Date:
Electrical Work Est. Value (\$):	

Is there Plumbing Work? Yes No

PART 7. PLUMBING PERMIT APPLICATION

Enter the Number of Fixtures Being Installed, Replaced, or Repaired				
Tubs / Showers		Back Flow Preventers		Drinking Fountains
Shower Stalls		Roof Openings		Floor Drains
Lavatories		Parking Lot Drains		Water Heaters
Toilets		Inside Downspouts		Water Softeners
Urinals		Water Pumps		Sewage Ejectors
Sinks		Swimming Pools		Sump Pumps
Laundry Tubs		Lawn Sprinklers (Y / N)		Grease Traps
Dishwashers		Number of Heads		Bidets
Garbage Disposals		Total Number of Fixtures		Other

Public Water <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Service Size _____ IN.	Water Meter Size _____ IN. Avg. Daily Water Use _____ GPD

Utility Service Revisions:	
Estimated Start Date:	Estimated Finish Date:
Plumbing Work Est. Value (\$):	



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Is there Mechanical Work? Yes No

PART 8. MECHANICAL PERMIT APPLICATION

Enter the Number of New or Replaced Units					
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Electrical Furnace	
Solid Fuel Appliance		A/C Compressor		Hazardous Exhaust System	

TYPE OF HEATING FUEL (check one):

Gas (1) Oil (2) Electric (3)

Coal (4) Wood (5) Other (6), Identify: _____

Utility Service Revisions:	
Estimated Start Date:	Estimated Finish Date:
Mechanical Work Est. Value (\$):	

Is there Work that Requires the Fire Marshal ? Yes No

PART 9. FIRE MARSHAL PERMIT APPLICATION

Enter the Number of Units Being Installed, Replaced, Repaired, or Removed			
Standpipes (Y / N) Number of Hose Outlets		Temporary Tanks for Heating Construction Sites (Y / N)	
Fire Sprinklers (Y / N) Number of Heads		Tanks Containing Flammable, Combustible Liquid or Gas (Y / N)	
Fire Alarms (Y / N)		Outdoor Fireplace and/or Grill (Y / N)	

Is a Fireworks Permit Required? Yes No

Is a Blasting Permit Required? Yes No

Is a Fire Code Permit Required? Yes No

A Fire Code Permit is required for all uses not listed above and permit requirements contained in the 2018 International Fire Code.

Estimated Start Date:	Estimated Finish Date:
Fire Marshal Work Est. Value (\$):	



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PART 11. SITE PLAN

Show lot lines, easements and work layout and dimensions (attach additional sheets if necessary):

[Empty site plan drawing area]

SCALE = 1 inch = _____ FEET

ZONING OFFICER SIGNATURE _____ DATE _____

APPROVED

DENIED

BUILDING OFFICIAL SIGNATURE _____ DATE _____

APPROVED

DENIED