



West Caln Township  
721 W. Kings Highway  
P.O. Box 175  
Wagontown, Pa. 19376  
(610) 384-5643  
Fax (610) 384-9035

---

## APPLICATION FOR A BUILDING PERMIT

Before submitting your Building Permit Application, please review the following to insure the completeness of your application.

### Stormwater Management

Projects involving the cumulative addition of 1000 square feet or more of impervious coverage or earth disturbance of more than 5000 square feet will require a Stormwater Management Permit be completed, approved and paid in full prior to a building permit application being reviewed. Please note that swimming pools and most gravel surfaces are considered "impervious". All expenses associated with the Stormwater Management Permit application and review process are the responsibility of the property owner. More information on these expenses is found on the Stormwater Management Permit application packet.

### Plans and Specifications

Submit two (2) copies of specifications and plans drawn to scale, with sufficient clarity and detailed dimensions to show the nature of the work to be performed. When the quality of materials is essential for conformity to code, product information should be supplied. The building official may, at his discretion, waive or adjust the requirements for detailed plans when the work applied for is of a minor nature.

### Site Plan

Submit a site plan showing to-scale the size and location of all proposed new construction, all existing structures, and the distances from lot lines. Include all pertinent information such as street names, well and septic locations, wooded areas, steep slopes, etc. It should be drawn in accordance with an accurate boundary line. In the case of demolition, the plot plan should show all construction to be demolished and the location and size of all existing structures and construction that are to remain on the site.

### Engineering Details

The building official may require adequate details of structural, mechanical and electrical work; including computations, stress diagrams and other essential technical data to be filed. All engineering plans and computations shall bear the signature and seal of the engineer or architect responsible for the design. Plans for buildings more than two (2) stories in height should indicate how required structural and fire resistance rating integrity will be maintained, and where penetration will be made for electrical, mechanical, plumbing and communication conduits, pipes and systems.

No permit will be issued without required plans and specifications being submitted.

No permit will be issued to the applicant until the appropriate fees have been paid. **Two checks will be required for fees: 1 payable to Commonwealth Code Inspection Services (CCIS) and 1 payable to West Caln Township.**

A Use & Occupancy Permit will not be issued until all inspections are completed

**West Cain Township**  
721 W. Kings Highway  
PO Box 175  
Wagontown, PA 19376

(610) 384-5643  
Fax (610) 384-9035

## APPLICATION FOR BUILDING PERMIT

Applicable Codes: 2015 IBC/IRC, 2012 IBC Chapter 11, 2015 ICC A11 7.1

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

Permit Number \_\_\_\_\_

Permit Issue Date \_\_\_\_\_

PERMIT APPLICATION DATE: \_\_\_\_\_

### PROPERTY INFORMATION

Owner(s): \_\_\_\_\_

Site Address: \_\_\_\_\_

Parcel No: \_\_\_\_\_

Total Lot Area: \_\_\_\_\_ acres/sq. ft

Zoning District: \_\_\_\_\_

Indicate One:  Single-Family Dwelling  Duplex/Multi Family  Building Lot

Commercial Property  Other \_\_\_\_\_

### BUILDING OWNER'S INFORMATION

Owner(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

### IMPROVEMENT TYPE(S)

Residential New Construction

Residential Addition

Residential Alteration or Repair

Residential Deck/Porch/Patio

Residential Swimming Pool

Demolition

Commercial New Construction

Commercial Addition

Commercial Alteration or Repair

New Mobile Home

Mobile Home Relocation

Description of Work - Be specific

In addition, you must submit a plot plan and all applicable building and/or engineering plans.

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

ESTIMATED COST OF CONSTRUCTION: \$ \_\_\_\_\_

ESTIMATED START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTRACTOR INFORMATION**

Please list additional general contractor information on a separate sheet if needed.

Contractor: \_\_\_\_\_ Phone No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Person in Charge On-Site: \_\_\_\_\_ Phone: \_\_\_\_\_

Workman's Compensation Insurance *Required Unless Exempt*.  Provided With Application  On Record  Exempt

PA Home Improvement Contractor Registration Number: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION**

Please list subcontractors for major trades. Use a separate sheet if needed.

Contractor: \_\_\_\_\_ PA HIC: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ PA HIC: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ PA HIC: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**CERTIFICATION**

I certify that I am the owner of record or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief.

*Ref. 18 Pa. Cons. Stat. § 4903.*

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

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Applicant or Authorized Agent is responsible for contacting the Building Inspector for all required inspections. Contact information will be provided with the Building Permit.**

**Upon issuance of permit 2 checks will need submitted for appropriate fees: 1 payable to Commonwealth Code Inspection Services (CCIS) and 1 payable to West Caln Township**

**APPLICATION IS:**     **GRANTED**     **DENIED**     **INCOMPLETE** \_\_\_\_\_

# ZONING PERMIT APPLICATION

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

Name: \_\_\_\_\_

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

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

*(if different)* \_\_\_\_\_

Phone: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Type & Size of Proposed Structure: \_\_\_\_\_

\_\_\_\_\_

Estimated Project Cost: \_\_\_\_\_

**The Impervious Coverage Worksheet and an accurate Plot Plan showing the following must accompany this application:**

Property lines with dimensions

Distance from proposed structure and property lines and/or abutting streets All buildings, wells, and septic systems currently on the property

All streets and driveways on and bordering the property

ALL New Impervious Coverage of over 1000 square feet is subject to the Stormwater Management Ordinance. A Zoning Permit will not be issued until all Stormwater requirements have been met.

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

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

Zoning Approval: \_\_\_\_\_

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

Permit Fee Paid: \_\_\_\_\_

Permit Issue Date: \_\_\_\_\_

## IMPERVIOUS COVERAGE WORKSHEET

Due to new PA DEP requirements, all EXISTING and PROPOSED impervious coverage must be reported. The following items should be shown on your plot plan. Please submit this worksheet with your Building or Zoning Permit application.

---

Today's Date: \_\_\_\_\_  
Tax Parcel ID: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
Zoning District: \_\_\_\_\_

Total Sq. ft. of lot: \_\_\_\_\_

Sq. ft. of footprint home: \_\_\_\_\_

Sq. ft. of driveway: \_\_\_\_\_

Sq. ft. of sheds/barns: \_\_\_\_\_

Sq. ft. of detached garage: \_\_\_\_\_

Sq. ft. of pool/hot tub: \_\_\_\_\_

Sq. ft. of sidewalks: \_\_\_\_\_

Sq. ft. of patios: \_\_\_\_\_

Sq. ft. of decks: \_\_\_\_\_

Sq. ft. of porches: \_\_\_\_\_

Sq. ft. of any other impervious surfaces on property: \_\_\_\_\_

Identify "other": \_\_\_\_\_

**PROPOSED** Sq. Ft. of additions, patios, sidewalks, etc.: \_\_\_\_\_

**Total impervious coverage allowed in this district:** \_\_\_\_\_ %

**Total impervious coverage:** \_\_\_\_\_ sq. ft./: \_\_\_\_\_ %