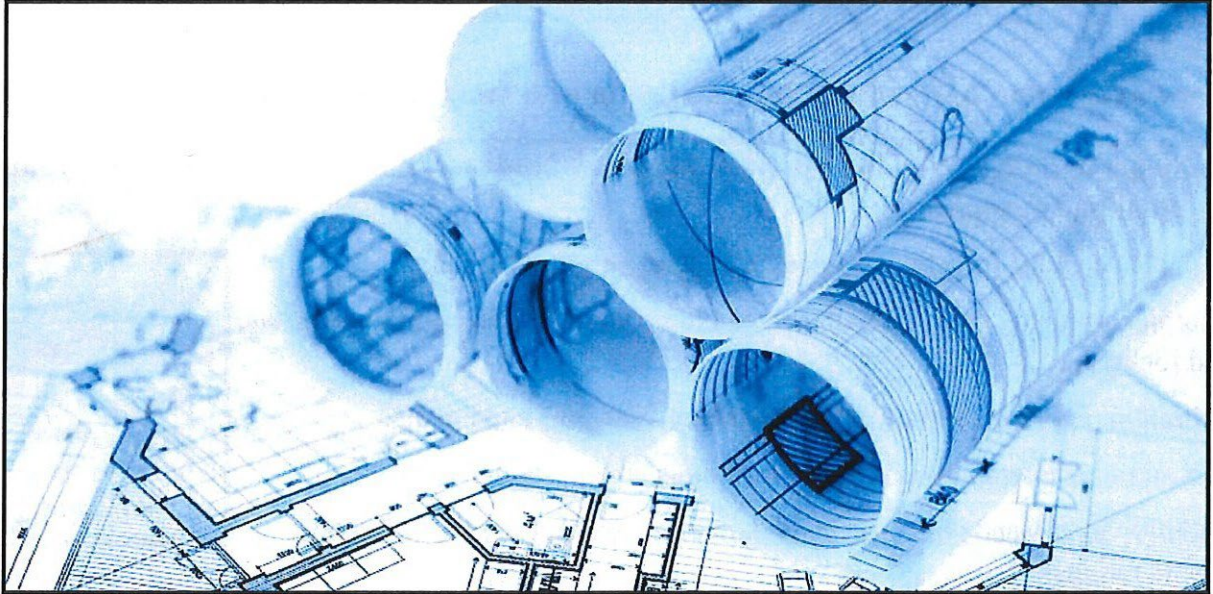


# Permit Review Submittal Guide



*Plans, specifications and other construction documentation for the initial plan review should be as complete as possible at the time of submittal. Use this convenient guide as a checklist when submitting your documents to help in the review process and avoid possible delays and resubmittals.*

## **Commercial, Industrial, Single & Multifamily New & Existing Construction**

**Building - Plumbing - Mechanical - Electrical  
Fire Suppression and Detection Systems  
Special Systems & Installations**

PENNSBURY TOWNSHIP

702 Baltimore Pike

Chadds Ford, PA 19317

Phone: 610-388-7323 Fax: 610-388-6036

# BUILDING PLAN REVIEW

In order to process your review in a timely manner, the following guide should be used as a checklist to make sure your submittal is as complete as possible for the first review. If additional information is required it will be requested during the review process by the codes department. All Plans must be sealed by a Pa. licensed architect.

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**ARCHITECT • DATE • TYPE OF CONSTRUCTION • USE GROUP • INSTALLED FIRE PROTECTION • DESIGN OPTIONS**

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## **Submit Complete Building Plans and Specifications Showing Use of All Areas, Equipment Layout, Aisles, and Building Components**

1. Indicate occupant load for all areas; include exiting system plan.
2. Submit complete door schedule with catalog cuts for all doors, hardware sets, and locksets.
3. Submit all appropriate wall, floor, foundation sections and details.
4. List all rated assemblies, diagram assemblies, and design numbers.
5. Submit window and glazing schedule, interior finish schedule, and flame spread ratings.
6. List all building design loads.
7. Submit shop drawings for steel supported systems (submitted prior to start of work).
8. Indicate shop drawings for all fire protection systems (submitted prior to start of work).
9. Submit steel structural calculations.
10. Submit details for all special occupancy requirements (atriums, floor openings, high rise, covered malls, hazardous materials, etc.).
11. Submit details for all special structures (skylights, roof panels, awnings, etc.).
12. Indicate sequence of operation for all special systems (smoke control, elevator recall, etc.).
13. Submit details showing all state and local accessibility requirements and catalog cuts for fixtures.
14. Submit signed, sealed, and dated construction documents per the state requirements.

## **Soil Report**

1. Show requirements for footings and support loads.
2. Submit footings and foundation requirements and recommendations.
3. Submit engineer's requirements for appropriate footings and walls to support loads.

## **Site Plan**

1. Show setbacks, elevations, drainage, parking, outside lighting, lot grading, and sanitary sewer.
2. Show locations of fire hydrants and benchmark information.

# ACCESSIBILITY REQUIREMENTS

## Required Elements for Accessibility

Accessible Routes	Platform lifts	Parking	Means of Egress
Windows	Doors	Entrances	Drinking Fountains
Seating	Detectable Warnings	Work Surfaces	Telephones
Area of Refuge	Restrooms/Baths	Ramps	Curb Ramps
Stairs	Controls	Alarms	Elevators
Storage	Signage	Lifts	

### Specific Facility Type Requirements

1. Provide cuts of all plumbing fixtures.
2. Indicate dwelling use requirements
3. Provide details for bathtubs and shower stalls in buildings other than dwelling units.

### Exterior Requirements

1. Indicate accessibility routes.
2. Indicate total parking spaces for physically challenged, number, sizes, and location of spaces.
3. Indicate sidewalk size from the parking to the building.
4. Indicate size and slope of ramps and curb cuts.
5. Submit drawing of above-ground handicapped signs.
6. Provide detectable warnings in hazardous locations.

### Interior Requirements

1. Indicate egress doors into occupiable spaces to have approved handles.
2. Provide catalog cuts for accessible door hardware (handles, closers, glass openings., thresholds).
3. Show adequate maneuvering clearances at doors to gain access to rooms.
4. Indicate locations of hall call buttons, floor destinations, tactile characters (elevator lobbies).
5. Indicate required handrails on both sides of stairs and ramps.
6. Provide detectable warnings in hazardous locations.
7. Indicate size of floor access to public area telephones, heights of operable parts, and hearing-impaired equipment.
8. Indicate protection for objects protruding into walks, halls, corridors, passageways, or aisles above the finished floor of walking surface.
9. Indicate special occupancy requirements.
10. Indicate clear floor and knee space for accessible drinking fountains and lavatories.
11. Indicate location of water closets relative to walls and other fixtures.
12. Indicate the height to the top of the water closet seat for the accessible fixtures.
13. Indicate the height above the finished surface, bar sizes, length of bars, and distances from walls for required grab bars at the water closet. Indicate height and location of required toilet paper dispensers.

14. Indicate areas of refuge for physically challenged.

## FIRE ALARM REVIEW

### **Submit a Floor Plan Showing the Location of All Equipment and Devices**

1. Submit catalog cuts for all equipment.
2. Submit a zone chart or device address list.
3. Submit battery calculations that include all power-consuming devices.
4. Indicate name of monitoring agency and listing of the agency.
5. Submit voltage drop calculations for the initiating and alarm device circuits.
6. Submit sequence of operations and special applications
7. Indicate type of wire and protection of wire when exposed to physical damage
8. Indicate a system test which shows a test for each device proposed and installed

## SPECIAL EXTINGUISHING SYSTEM REVIEW

### **Submit a Floor Plan Showing the Location of All Equipment and Devices**

1. Submit catalog cuts for all equipment.
2. Submit a zone chart or device address list.
3. Submit battery calculations that include all power-consuming devices.
4. Indicate name of monitoring agency and listing of the agency.
5. Submit voltage drop calculations for the initiating and alarm device circuits.
6. Submit sequence of operations and special applications.
7. Indicate type of wire and protection of wire when exposed to physical damage.
8. Indicate a system test that indicates a test for each device.

## PLUMBING PLAN REVIEW

### **Submit Complete Plumbing Plans & Specifications Including the Occupant Load and Number of Fixtures**

1. Provide a riser diagram for all water piping including sizes, type of pipe, and type of fittings.
2. Provide a riser diagram for the drain, waste, and vent system including sizes, type of pipe, and type of fittings.

3. Indicate the separation between the water service and sewer.
4. For copper tubing, indicate type of pipe, fittings, and lead-free solder.
5. Indicate drinking fountains or bottled water.
6. Indicate the type of backflow protection provided (RPZ required floor drains).
7. Provide catalog cuts for all fixtures, faucets, and plumbing equipment
8. Indicate indirect drainage and storm water pipe locations.
9. Indicate the type and location of all special valves, appliances, and devices
10. Show thermal expansion tank, temperature relief, and vacuum reliefs as necessary for water heaters.
11. Show type of roof drainage, area of discharge, type and size of pipe, location of cleanouts, and location of secondary (emergency) system. Primary and secondary systems shall be separate systems.
12. Indicate the location(s) of all drainage pipe cleanouts.
13. Provide details for accessible access to the plumbing fixtures: size of water closet enclosure, height of water closet, grab bars, lavatory, tissue holder, mirror, and length of the grab bars.

## MECHANICAL PLAN REVIEW

### **Submit Complete Mechanical Plans Showing location and Type of All Mechanical Equipment and Appliances**

1. Provide catalog cuts with installation instructions, listing BTU input and approved locations for all mechanical equipment.
2. Provide duct design criteria including size, type, and gauge of the duct work, and type and location of all supports. Include additional details for all hazardous exhaust systems.
3. Indicate the location of the duct smoke detectors in any system over 2,000 cfm including supervision.
4. Submit a complete ventilation schedule showing the mechanical code occupant load and the supply, return, and outside air for each room or area.
5. Submit gas piping plan including location of meter, system pressure, type and size of pipe, and BTU demand for each section of pipe or appliance.
6. Indicate size and location of the combustion air intakes (one high/one low required).
7. Show a 110V GFCI outlet within 25 feet of all rooftop equipment.
8. Provide piping details including schematics for boilers, hydronic heat...
9. Provide catalog cuts for factory-built fireplaces and details for masonry fireplaces.
10. Provide details for any kitchen hood and exhaust systems including size and gauge of hood and duct size and type of exhaust fans, shop drawings for suppression system, cleaning schedules, automatic power shutoff, and portable extinguisher.
11. Indicate the type, location, and rating for the fire and/or smoke dampers and access panels.



# EXISTING BUILDING PLAN REVIEW

## **Submit Complete Plans and Specifications Showing Use of All Areas, Equipment Layout, Aisles, and Building Components**

1. Plans shall be signed and sealed in accordance with PA requirements.
2. Provide the information required for a new building or for the building addition including complete plans and specifications.
3. Provide a floor plan for existing building showing use, occupant load, and existing system including square footage of all areas.
4. Indicate the construction type and use group for the existing building or adjacent tenants.
5. Indicate the type of fire protection systems in the existing building.
6. Indicate the type and location of the plumbing fixtures in the existing building.
7. Indicate size, demand, and distance to existing gas system, including size of pipe and system pressure.
8. Indicate the loads of existing building and provide calculations showing existing loads and new loads.
9. Provide a site plan showing the location of the existing and new building.
10. Provide calculations/details showing changes or additions to existing fire protection systems.
11. Indicate changes to the existing mechanical systems.
12. Indicate changes made to the existing building for upgrading the access to conform to the new requirements.

# ENERGY PLAN REVIEW

## **Submit**

1. ComCheck or ResCheck: Envelope, Lighting, Mechanical, Check Test. Appliance information, Exterior Lighting information.
2. Exterior Lighting-exterior photocell or time clock operated.
3. Water heater piping diagram indicating recirculation or heat traps.
4. Thermostat for each HVAC unit.
5. Details shall include R-values, fenestration U-factors and SHGCs, equipment types, sizes, and controls, duct sealing, insulation, and air sealing.

# SPRINKLER PLAN REVIEW

## Submit Complete Sprinkler Plans Showing All Sprinkler Locations

1. Indicate water flow test, pressure, location, time, date, witness, and seasonal adjustment.
2. Show the type of pipes, joints, fittings, dimensions, and lengths.
3. Show sprinkler protection for all areas and square footage for each sprinkler.
4. Indicate the number, type, and temperature ratings for all sprinklers.
5. Submit catalog cuts for all sprinklers, pipe fittings, and equipment.
6. Indicate the building occupancy and submit details for process and storage equipment.
7. Submit section and plan views of racks or shelving and storage heights.
8. Submit description of special systems; show valves and trim.
9. Show locations of gauges, test valves, main and auxiliary drains.
10. Show arrangement, drainage, piping, threads, and height for fire department connection.
11. Indicate flushing and documentation for the underground or lead-in connection.
12. Indicate that a 200-psi hydrostatic test will be witnessed by the local official.
13. Perform a main drain test to obtain the static and residual pressures.
14. Show hose rack layouts (storage areas in compliance with NFPA 231 or 231C).
15. Indicate the location of and show all details for hangers.
16. Show supervision of valves and flow switches.
17. For hydraulically calculated systems, submit complete calculations, sprinkler system summary sheet, and flow diagrams.
18. Show all reference points or nodes.
19. Provide the calculations used to obtain all special design densities.

# ELECTRICAL PLAN REVIEW

## Submit Complete Electrical Plans Showing Location of All Devices

1. Provide a floor plan showing the fixtures, outlets, equipment, transformers, panels, subpanels, receptacles, and special systems.
2. Indicate the type and size of the service (above ground or underground) with the locations of meters and main disconnects.

3. Indicate the size and type of all wire and number of all conductors in each conduit or raceway for each circuit.
4. Indicate the size and type of all conduit and/or raceways.
5. Indicate the use and amperage (load) for each circuit.
6. Show the number of circuits, size of circuit breakers, location and size of main disconnect.
7. Show the location of the convenience outlets at all appliances and rooftop equipment.
8. Submit load calculations charts for all panelboards and main service with demand factors.
9. Show emergency lighting to all rooms, spaces, corridors, and access routes.
10. Indicate method of connecting exit and emergency lights to the building electric system.
11. Indicate type and location for ground, ground conduit, and a bonding jumper at water meter.
12. Indicate the size and type of ground connectors.
13. Show the location of GFCI outlets.
14. Indicate the location and classification of all hazardous areas and special systems.



## **PENNSBURY TOWNSHIP**

**702 Baltimore Pike, Chadds Ford, PA 19317**

**Phone: 610-388-7323 Fax: 610-388-6036 Email: [Manager@pennsbury.pa.us](mailto:Manager@pennsbury.pa.us)**

### **BUILDING INSPECTION REQUIREMENTS (Commercial)**

All inspections require 48 hours' notice. Inspections are performed on Monday and Wednesday only. To schedule, contact Pennsbury Township Inspector at 610-388-1790. All inspections per the most recent adopted Codes.

- Layout and all soil and erosion measures in place including the tire scrubber in driveway
- Septic system area staked and roped off to prevent damage
- Footing (prior to placing concrete)
- Backfill inspection, sub surface drain foundation waterproofing and first floor deck must be installed
- Framing
- Rough plumbing, water test mandatory
- Mechanical system rough-in
- Rough wire/electrical: contact third party electrical inspector of your choice
- All fire caulking in place
- Final

**PENNSBURY TOWNSHIP**

702 Baltimore Pike, Chadds Ford, PA 19317

Phone: 610-388-7323 Fax: 610-388-6036

Email: Manager@pennsbury.pa.us

Office Use Only	
Permit #:	_____
Date Received:	_____
Fee:	_____ Paid: _____

**BUILDING PERMIT & PLAN EXAMINATION APPLICATION**  
**(Commercial)**

**Property Owner:** \_\_\_\_\_

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

Phone/Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Parcel or UPI #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Historic Structure:                      Yes                      No

**Contractor:** \_\_\_\_\_ PA License #: \_\_\_\_\_

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

Phone/Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Architect/Engineer:** \_\_\_\_\_

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

Phone/Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Use:**

**Property: Residential**

- |            |   |  |
|------------|---|--|
| One Family | Two or more family<br><i>Enter # of Units</i> _____ | Transient hotel, motel or dormitory<br><i>Enter # of Units</i> _____ |
| Garage     | Carport   | Other: _____   |

**Property: Commercial**

- |                            |                                |                                    |
|----------------------------|--------------------------------|------------------------------------|
| Amusement, recreational    | Church, other religious        | Industrial                         |
| Parking garage             | Service Station, repair garage | Hospital, institutional            |
| Office, bank, professional | Public utility                 | School, library, other educational |
| Stores, mercantile         | Tanks, towers                  | Other: _____                       |

**Type of Improvement:**

New Construction, building	Addition	Alteration
Repair, replacement	Moving	

**Cost:**

Cost of improvement: \_\_\_\_\_

*To be installed but not in above cost:*

Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_

Heating, air conditioning \_\_\_\_\_

Other \_\_\_\_\_

**Total Cost** \_\_\_\_\_

**Commercial Use Only:** *Describe in detail proposed use of building*

**Selected Characteristics of Building:**

**Principal Type of Frame:**

Masonry (wall bearing)	Wood frame	Structural Steel
Reinforced concrete	Other: _____	

**Principal Type of Heating Fuel:**

Gas	Oil	Electricity
Coal	Other: _____	

**Type of Sewage Disposal:**

Public or Private company	Private (septic tank)
---------------------------	-----------------------

**Type of Water Supply:**

Public or Private company

Private (well)

**Type of Mechanical:**

Central air conditioning

Yes

No

Elevator

Yes

No

**Dimensions:**

Number of Stories

\_\_\_\_\_

Total square feet of floor area, all floors, based on exterior dimensions

\_\_\_\_\_

Total land area, sq ft

\_\_\_\_\_

**Number of Off-Street Parking Spaces:**

Enclosed

\_\_\_\_\_

Outdoors

\_\_\_\_\_

**Number of Bedrooms:** *residential only*

\_\_\_\_\_

**Number of Bathrooms:**

Partial

\_\_\_\_\_

Full

\_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as the authorized agent and we agree to conform to all applicable ordinances of Pennsbury Township.

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

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

# WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM

(Attach to Commercial Building Permit Application - All information must be completed)

## A. Instructions

If the applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law, **complete Sections B & D below.**

If the applicant is a contractor with no employees, or a contractor with employees who claim a religious exemption, **complete Sections C, D & E below.**

## B. Insurance Information

Name of Contractor: \_\_\_\_\_

Federal or State Employer Identification No.: \_\_\_\_\_

Name of Workers' Compensation Insurer: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ **Copy of certificate required**

Applicant is a State approved self-insurer for workers' compensation. **Copy of certificate required**

## C. Affidavit of Exemption

The undersigned hereby swears or affirms that he/she is not required to provide workers' compensation Insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated below:

**Contractor with no employees.** Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance.

**Contractor with employees who claim a religious exemption under Section 304.2 of the Workers' Compensation Law.** All employees of contractor are exempt from workers' compensation insurance provided that copies of their Certification of Religious Exception (LIBC-14C) forms for EACH EMPLOYEE that will be performing work at the project site, are submitted with this application.

The undersigned hereby swears or affirms that he/she has understands and will comply with the following:

- Any sub-contractors working on this project are also required to complete this form and carry their own workers' compensation coverage.
- The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Workers' Compensation Law.
- Violation of the Workers' Compensation Law or the terms of this permit will subject the applicant to a stop work order and other fines and penalties provided by the law.

## D. Applicant Information

\_\_\_\_\_  
Name - Please print clearly

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

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature

## E. **THIS FORM MUST BE NOTARIZED WHEN CLAIMING AN EXEMPTION**

Subscribed and sworn before me this

\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

**PENNSBURY TOWNSHIP**

**702 Baltimore Pike, Chadds Ford, PA 19317**

**Phone: 610-388-7323 Fax: 610-388-6036 Email: Manager@pennsbury.pa.us**

Dear Business Owner:

When placing business signs at a worksite in Pennsbury Township please follow the ordinance below:

SECTION 162-2105. SIGNS IN RESIDENTIAL DISTRICTS. The following types of signs and no others shall be permitted in the Residential Zoning Districts (R1, R-2, R-3, R-4, and R-5), the Mobile Home Park Zoning District (MHP), and the Village Residential Zoning District (VR), provided that the signs comply with all requirements herein specified.

**G. Artisans signs, provided that:**

1. Such signs shall be erected only on the premises where such work is being performed.
2. The size of any such sign shall not exceed six (6) square feet.
3. Not more than one (1) such sign per contractor shall be placed on premises held in single and separate ownership.
4. No such sign shall be illuminated.
5. Such signs shall be removed promptly upon completion of active work.

As a friendly reminder—Pennsbury Township follows the PA UCC code and permits are required for most work.

Respectfully,

Pennsbury Township  
Building Department



# COUNTY OF CHESTER ASSESSMENT OFFICE

313 W. MARKET STREET, SUITE 4202, P.O. BOX 2748, WEST CHESTER, PA 19380-0991

610-344-6105  
Fax 610-344-5902  
www.chesco.org

JONATHAN B. SCHUCK, MBA CPE  
Director of Assessment

Dear Property Owner:

As you have applied for a building permit from your municipality, the county Assessment Office would like to advise you of the steps surrounding our involvement in the process. We would like to make sure that you are aware of what will take place during construction and after the improvement is finished.

- 1) The municipality is required to supply a list of all building and zoning permits to the Assessment Office monthly.
- 2) A Certified Pennsylvania Evaluator will visit your property when they are in your municipality (generally rotate through every 2 – 3 months).
- 3) When arriving at your property, the assessor will come to the front door and identify themselves wearing a Chester County I. D. badge and will present a business card. They will ask you questions about the building permit and may need to measure the improvements (from the outside).
- 4) If you are not home when the assessor arrives, a business card will be left with a note on the flip side of the card. The assessor will proceed to the improvement and measure if the work is sufficiently complete. Otherwise they will mark it for a revisit the next time they are in the municipality.
- 5) Please cooperate with the assessor, as he or she is simply trying to get the correct information about your improvement, so there will be no mistakes on the county record.
- 6) After the construction is finished or 30 months has elapsed your improvement will be assessed and added to your property record card.
- 7) You will receive a notice from our office changing your assessment reflecting the addition of the new improvement. If you require more information please call our office at 610-344-6105 and ask to speak to the assessor assigned to your municipality.

It is the intention of this letter to inform you of the assessment process so that you realize that we will be visiting your property. Please note that due to time constraints we generally **do not make appointments**, unless absolutely necessary. Please be patient when an assessor knocks on your door and answer any questions to the best of your ability. Thank you for your anticipated cooperation.

Sincerely,  
Jonathan B. Schuck  
Director  
Susan L. Caldwell, CPE.  
Chief Assessor

**Your municipality provides this letter along with permit applications.**

**Not all assessable improvements require a permit.**