BENSALEM TOWNSHIP

Building and Planning Department

2400 Byberry Road • Bensalem, PA 19020
Office 215-633-3644 • Fax 215-633-3753

E-MAIL SUBMIT

Uniform Construction Code (UCC)
Application For Commercial Building Permits
ELECTRONIC FORMAT ONLY REOUIRED

TAX PARCEL #
02-

Permit # _____

Date

SUBMIT APPLICATION AND PLANS ON DISC OR VIA EMAIL AT permitcenter@bensalempa.gov

ALL PLANS ARE REQUIRED TO BE SIGNED & SEALED BY A PENNSYLVANIA LICENSED DESIGN PROFESSIONAL

PART I BUILDING PERMIT

Project Name: _____ Lot #: _____

Street Name & No.: _____ Suite #: _____

City: _____ State: _____ ZIP: _____

Project Description: _____

PART II PROJECT DATA

Existing Use: _____

Proposed Use: _____

☐ **New Structure/Facility**

☐ **Addition**

☐ **Alteration or Renovation** ☐ **Interior** ☐ **Exterior** ☐ **Both**

☐ **Alteration of Land / Regrading / Site Work** ☐ Other: _____

ESTIMATED TOTAL COST OF ENTIRE PROJECT:
$

NEW Construction (sq. ft./floor) _____ **Total** Sq. Ft: _____

Addition (sq. ft./floor) _____ **Total** Sq. Ft: _____

Renovated (sq. ft./floor) _____ **Total** Sq. Ft: _____

Is this Application Part of an Approved Land Development or Storm Water Management Plan? ☐ YES ☐ NO

1. Bensalem Township Council Decision: _____ Date: _____

2. Bucks County Conservation District Approval: Date:

PART III PLUMBING

TOTAL NUMBER OF FIXTURES:

PART IV HVAC

NOTE: Manufacturers specifications on HVAC units shall be submitted with application.

TOTAL COST OF HVAC WORK: $

PART VI ELECTRICAL PERMIT

Service Type:				
	☐ **Temporary**	Amps:	Phase:	Volts:
	☐ **New Service**	Amps:	Phase:	Volts:

ITEM	QTY	ITEM	QTY
Switches, Receptacles & Lighting		Transformer KVA	
Heating & Cooking Equipment K.W.		Motors and/or Generators HP	
TOTAL NUMBER OF METERS:			

APPLICANT CERTIFICATION

As the owner or the authorized agent of the project for which this application is filed, I certify that:

1. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been issued by the Department of Building and Planning.
3. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405
4. Any changes to the approved documents will be filed with the Department of Building and Planning.
5. If the licensed architect or engineer in responsible charge of this construction should change, then written notice of the change shall be provided to the Department of Building and Planning.
6. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expanded to provide an accessible route to the area of primary function.
7. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.

Permit Number:

Applicant's Name:			
Address:			
City:		State:	Zip Code:
Phone Number:		**Email Address:**	
Date:		Applicant's Signature:	

DESIGN PROFESSIONAL **In Responsible Charge**	Name:			
	Address:			
	City:		State:	
	ZIP Code:		Phone No.	
	License No:		Fax:	
	Email:			

CONTRACTOR LIST

TYPE	NAME	ADDRESS	PHONE	License #
General				
Electrical				
Plumbing				
HVAC				
Other				

NOTIFY THIS OFFICE WHENEVER A CHANGE IN CONTRACTOR OCCURS

FIRE ALARM

All Fire Alarms Shall Be Addressable with Point ID

Type of Fire Alarm:

☐ Automatic ☐ Manual ☐ Voice ☐ Monitor ☐ Water Flow Only

Initiation Devices (Smoke Detectors, Pull Stations, Etc)

Notification Appliances:			
Water Flow / Tamper Switches:		Duct Detectors:	
Power Supply:		Back Up Power:	
Auxiliary Panels:		Annunciator	
Knox Boxes:		Other:	
Interconnected to other systems:			
Monitoring Co:		Monitoring Co Phone #:	

SPRINKLER SYSTEMS

Type of Sprinkler System:			
System Design:	☐ Hydraulic	☐ Pipe Schedule	
Hazard and Class Type:			
Number of Sprinkler Heads:		In Racks	☐ Yes ☐ No
Number of Risers:		Number of Zones:	
FDC Size:		"K" Factor:	
Interconnected to fire alarm:	☐ Yes ☐ No		
Monitoring Co:		Monitoring Co Phone #:	

STANDPIPE SYSTEMS

Type of Standpipe System:	☐ Wet ☐ Dry	Class of Standpipe System:	
Number of Outlets:		Number of Risers:	
Sizes of Outlets:		Number of Flow/Tamper Switches:	

FIRE HYDRANT / UNDERGROUND FIRE MAINS

Size of Fire Main:		Total Length of Pipe:	
Number of Fire Hydrants:		Size of Pipe to Hydrant:	
Manufacturer of Hydrants:			

FIRE PUMP

Type of Pump:		Capacity of Pump:	
Make / Model:		Rating of Pump:	

All data on this sheet shall be provided on the plans. Failure to do so will result in rejection of the application. Approval of the plan is based on the information provided on the plans.

A SIGNED COPY OF THIS APPLICATION IS REQUIRED PRIOR TO ISSUANCE OF PERMIT.