

PERMIT COVER PAGE



Site Address _____

Project/Application Type(ex.roof, sewer lateral, deck etc)_____

Project Name(if any)_____

Plans (list type)_____

Application

Specifications (list type)_____

Other _____

Other _____

Other _____

BOROUGH OF LANSDALE

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

Accessibility Submission Requirements

- A completed application.
- 2 sets of site/plot plans.
- 2 sets of complete signed and sealed plans and specifications.
- 1 digital copy of plans (*over 11" x 17" in size*)
- Site Plans must include:
 - Size and location of all new and existing structures on the site
 - Location of any recreational facilities (ex. athletic courts, pool...)
 - Accessible parking, all locations of public access to the facility, accessible exterior routes and locations of accessible entrances.
 - Recognized street grades and proposed finished grade.
- Architectural and specifications must include:
 - Description of uses and the proposed occupancy group(s) for all portions of the building. The design approach for mixed-uses (as applicable).
 - Fully dimensioned drawings to determine areas and building height.
 - Adequate details and dimensions to evaluate accessible means of egress, including occupant loads for each floor, exit arrangement and sizes, corridors, doors, stairs, ramps, handrails, areas of refuge, etc.
 - Adequate details and dimensions to evaluate the accessible route to areas required to be accessible, including corridors, doors, protruding objects, maneuvering clearances, clear floor space at fixtures and controls, etc.
 - Accessibility provisions including but not limited to access to services, seating, dining, listening systems, accessible fixtures, elevators, work surfaces, etc.
 - Accessible plumbing facilities and details.
 - Visual and tactile signage provided.
 - Details of required fire protection systems and user controls.

All accessibility plan reviews are based on the applicable edition of ICC? ANSI A117.1, Accessible and Usable Buildings and facilities in reference to the applicable International Building Code (IBC).

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.

Fees:

Accessibility Permit & Review Fee \$150.00

REQUIREMENTS FOR NEW ELECTRIC SERVICES

1. ALL WORK OVER \$50 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. 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.

ELECTRICAL UNDERWRITERS

- ATLANTIC INLAND INSPECTIONS
PO BOX 967
SOUTHEASTERN PA 19399-0967
610-995-2791
- CODE INSPECTIONS
605 HORSHAM ROAD
HORSHAM PA 19044
215-672-9400
- LEHIGH VALLEY ELECT INSPECTION
PO BOX 361
OREFIELD PA 18069
610-868-7165
- MIDDLE ATLANTIC ELECTRICAL INSPECTIONS
302 E PENNSYLVANIA BOULEVARD
FEASTERVILLE PA 19053
215-322-2626
- MIDDLE DEPART INSPECTION AGENCY INC
1542 BRISTOL PIKE
BENSALEM PA 19020
215-244-1919
800-992-6342
- MUNICIPAL INSPECTION CORP.
1932 KENTWOOD STREET
PHILADELPHIA PA 19116
215-673-4434
- UNDERWRITERS INSPECTION SERVICES INC.
PO BOX 416
ROYERSFORD PA 19468
610-495-2803
- UNITED INSPECTION AGENCY
PO BOX 3361
AMBLER, PA 19002
215-542-9977
- OTHER _____

Code Enforcement Office
One Vine Street
Lansdale, PA 19446
P: 215-368-1691 F: 215-361-8393
www.lansdale.org



BOROUGH OF LANSDALE Accessibility 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:

Preferred form of contact Phone Email

Name _____
Phone #(Home) _____ (Mobile) _____ Email _____
Mailing Address _____
City _____ State _____ Zip _____

III. Contractor Information: Same as Owner

Preferred form of contact Phone Email

Company _____
Name _____
Phone #(Business) _____ (Mobile) _____
Email _____ PA License (HIC)# _____

IV. Applicant: Same as Owner Same as Contractor

Preferred form of contact Phone Email

Name _____
Phone #(Home) _____ (Mobile) _____ (Business) _____
Email _____
Mailing Address _____
City _____ State _____ Zip _____

Primary Contact Person: Property Owner Contractor Applicant

V. Description of Work:

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

Applicant Signature _____ Contact# _____

Include copy of written proposal/contract.

VI. Building Info:

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

If building is existing, which code requirements will the building comply with? :

International Existing Building Code International Building Code (Chapter 34)

Is there an existing basement? Yes No

Fire Suppression: Full Partial None

Existing/Previous Use/Occupancy type:

IBC Use Group: _____

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Religious	<input type="checkbox"/> Hospital, Institutional
<input type="checkbox"/> Mercantile/Store	<input type="checkbox"/> Industrial	<input type="checkbox"/> Office, Professional (Medical...)
<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Educational	<input type="checkbox"/> Storage
<input type="checkbox"/> Garage	<input type="checkbox"/> Utility	<input type="checkbox"/> Other _____

Existing/Previous Use/Occupancy classification:

<input type="checkbox"/> A1	<input type="checkbox"/> E	<input type="checkbox"/> H4	<input type="checkbox"/> M	<input type="checkbox"/> S2
<input type="checkbox"/> A2	<input type="checkbox"/> F1	<input type="checkbox"/> H5	<input type="checkbox"/> R1	<input type="checkbox"/> U
<input type="checkbox"/> A3	<input type="checkbox"/> F2	<input type="checkbox"/> I1	<input type="checkbox"/> R2	<input type="checkbox"/> R4
<input type="checkbox"/> A4	<input type="checkbox"/> H1	<input type="checkbox"/> I2	<input type="checkbox"/> R3 Adult Care	
<input type="checkbox"/> A5	<input type="checkbox"/> H2	<input type="checkbox"/> I3	<input type="checkbox"/> R4	
<input type="checkbox"/> B	<input type="checkbox"/> H3	<input type="checkbox"/> I4	<input type="checkbox"/> S1	

Description: _____

Proposed Use/Occupancy type:

IBC Use Group: _____

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Religious	<input type="checkbox"/> Hospital, Institutional
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<input type="checkbox"/> B	<input type="checkbox"/> H3	<input type="checkbox"/> I4	<input type="checkbox"/> S1	

Type of Construction (IBC):

<input type="checkbox"/> IA	<input type="checkbox"/> IB	<input type="checkbox"/> IIA	<input type="checkbox"/> IIB	<input type="checkbox"/> IIIA	<input type="checkbox"/> IIIB	<input type="checkbox"/> IV	<input type="checkbox"/> VA	<input type="checkbox"/> VB
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Description: _____

VII. Plot Plan:

