



1 E First Ave., Ste 3
Malvern, PA 19355

Residential Building Permit Application Submission Checklist

Address: _____ Date: _____

This sheet shall be completed and submitted by the permit applicant along with the appropriate Permit Applications and associated construction documents. **Incomplete applications will not be accepted.**

- | | Applicant | Borough Use Only |
|--|-----------|------------------|
| 1. Completed Building Permit Application
Sections 1 through 5 shall be completed in addition to the Electrical, Plumbing and Mechanical sections, including costs for all work. A Scope of Work shall be provided.
PA HIC Numbers and copies of Workers Comp and Liability Insurances Shall be provided for all contractors. For New SFDs, all contractors must register with the Borough. Registration Forms shall be submitted with this application. | _____ | _____ |
| 2. Two sets of construction drawings. | _____ | _____ |
| 3. Two sets of electrical drawings reviewed and approved by a certified, registered electrical plans examiner. | _____ | _____ |
| 4. Riser diagram for all new plumbing piping, indicating sizes. | _____ | _____ |
| 5. Completed Zoning Permit Application (if required) including: | _____ | _____ |
| a. Two sets of site plans showing: | _____ | _____ |
| 1. Lot (including size of lot) | | |
| 2. All impervious coverage (buildings, driveways, walkways) | | |
| 3. Setback distances (all sides) | | |
| 4. Any easements on property | | |
| 6. If project exceeds 400 sf in additional impervious coverage, a Stormwater Management Plan shall be submitted and approved by the Borough Engineer and a copy of the approved SW plan and O&M Agreement shall be recorded at the Chester County Recorder of Deeds prior to release of Building Permits. | | |
| 7. A signed Reimbursement Agreement for any reviews or inspections required of the Borough Engineer | _____ | _____ |
| 8. For HVAC equipment – load calculations and equipment specifications. | _____ | _____ |
| 9. Completed Rescheck (Energy Compliance) | _____ | _____ |
| 10. Signed and sealed specification sheets for all engineered lumber to be used | _____ | _____ |
| 11. If trusses are proposed, signed and sealed truss drawings and truss layout drawing shall be submitted. | _____ | _____ |
| 12. Any other construction documents as requested
Specify: _____ | _____ | _____ |
| 13. Fees – payable at time of submission: Plan Review Fee - \$100.00, Final Inspection Fee - \$50.00 (\$75.00 for New SFDs) and \$75.00 - Zoning Permit. Check #: _____ | | |

The review period for Residential Building Permit Applications is **fifteen (15) business days**. A written plan review notes sheet will be provided to the applicant for any corrections that are needed prior to approval. **For all new construction, all other fees (Engineering, tap-in, etc.), shall be paid up to date prior to any permits being released. No work may begin prior to the applicable permit being issued.**

Submitted by: _____ Phone: _____
Email: _____
Received by: _____ Date: _____



1 E First Ave., Ste 3
Malvern, PA 19355

Commercial Building Permit Application Submission Checklist

Address: _____ Date: _____

This sheet shall be completed and submitted by the permit applicant along with the Building Permit Application and associated construction documents. **All drawings submitted shall be signed and sealed by a PA Registered Professional (Engineer or Architect). Incomplete applications will not be accepted for processing and review. If land development is required, approved LD plans shall be recorded prior to any building permits being issued.**

- | | Applicant | Borough Use Only |
|---|-----------|------------------|
| 1. Completed Building Permit Application
Sections 1 through 5 shall be completed in addition to any of the Mechanicals permit information (including costs for all).
Include a Scope of Work for this project and project cost. | _____ | _____ |
| 2. Two complete sets of signed / sealed drawings
These Include Building and all Mechanicals Permits (HVAC, Plumbing, etc.) as applicable.
Permit applications to be submitted later shall be listed as deferred submittals | _____ | _____ |
| 3. Completed Zoning Permit Application (if required) Including: | _____ | _____ |
| a. Two sets of site plans showing: | _____ | _____ |
| 1. Lot (including size of lot) | | |
| 2. All impervious coverage (buildings, driveways, walkways) | | |
| 3. Setback distances (all sides) | | |
| 4. Any easements on property | | |
| 4. If project exceeds 400 sf in additional impervious coverage, a Stormwater Management Plan shall be submitted and approved and a copy of the approved SW Plans and executed O&M Agreement shall be recorded at the Chester County Recorder of Deeds prior to release of Building Permits. | _____ | _____ |
| 5. A signed Reimbursement Agreement for Borough Engineer expenses. | _____ | _____ |
| 6. For HVAC equipment – load calculations and equipment specifications sheets, showing btu input or tonnage. | _____ | _____ |
| 7. Completed COMcheck (Energy Compliance) and Lighting Compliance Cert. | _____ | _____ |
| 8. Signed / sealed truss drawings and truss layout plan. | _____ | _____ |
| 9. Two sets of electrical drawings reviewed and approved by a certified, registered commercial electrical plans examiner | _____ | _____ |
| 10. Specification sheets , signed /sealed, for all engineered lumber to be used | _____ | _____ |
| 11. Any other construction documents as requested
Specify: _____ | _____ | _____ |
| 12. Fees – Payable at time of submission - \$100.00 Application Fee, \$200.00 Plan Review, \$100.00 Final Inspection, \$75.00 Zoning Permit. Other permit fees will be calculated when permit is approved and paid when permit is picked up. Check #: _____ | _____ | _____ |

The review period for Commercial Building Permit Applications is up to **thirty (30) business days**. A written plan review notes sheet will be provided to the applicant for any issues / corrections that are needed prior to approval. **For all new construction, all other fees (Engineering, tap in, etc.), shall be paid up to date prior to any permits being released. ALL Contractors for commercial projects shall be registered with Malvern Borough before permits are released.**

Submitted by: _____ Date: _____
Email: _____ Phone: _____
Received by: _____ Date: _____
Accepted for Review: _____ Date: _____

**MANDATORY WORKERS' COMPENSATION-INSURANCE
COVERAGE INFORMATION**
(Attach to Building Permit Application)

A. Name of Applicant _____
Federal or State Employer or Tax Identification No. _____

B. The applicant is a contractor with the meaning of the Pennsylvania Workers'
Compensation Law: _____ YES _____ NO

If the answer is YES, complete Section C below.
If the answer is NO, complete Section D below.

C. Insurance Information:

Applicant is a qualified self-insurer for workers' compensation.
_____ Certificate Attached

Name of Workers' Compensation Insurer _____
Worker's Compensation Insurance Policy No. _____
_____ Certificate Attached

Policy Expiration Date _____

The undersigned deposes and says that the information set forth above is true and correct to the best of the knowledge, information and belief of the undersigned and that such is given subject to the penalties of 18 Pa.C.S., Section 4904, relating to unsworn falsification to authorities.

Applicant

D. Exemption

Complete this Section if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

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

_____ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance as required by Section C, above.

_____ Religious exemption under the Workmen's Compensation Law.

Subscribed and sworn to before me this
_____ day of _____, 20____.

Signature of Applicant

Address

(Seal)

Borough of Malvern
 1 E. First Avenue Ste. 3
 Malvern, PA 19355
 Tel: 610-644-2602
 Fax: 610-644-4504

Email: bwilfong@malvern.org
www.malvern.org

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E)	<input type="checkbox"/> Plumbing (P)	<input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Other (O) (See Item 9)	Is Owner Applicant (Y/N)
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1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)	

2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address	City	State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or 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 his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	PHONE NO.
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE NO.

No

Street

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE:	
Plan Number		ASSEMBLY <input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5) <input type="checkbox"/> BUSINESS (6) EDUCATIONAL <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8) FACTORY <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)	INSTITUTIONAL <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15) RESIDENTIAL <input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI-FAMILY (17) <input type="checkbox"/> BOCA TWO FAMILY (18) <input type="checkbox"/> CABO TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> CABO SINGLE FAMILY (21) STORAGE <input type="checkbox"/> MODERATE HAZARD (22) <input type="checkbox"/> LOW HAZARD (23)
IMPROVEMENT TYPE: <input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR / REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)		<input type="checkbox"/> OTHER (24) PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Structural (check that applicable) Frame <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)		Exterior (Check those applicable) Walls <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)	
Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (Sq. feet)	
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)	
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)	
Est. Start ____/____/____	Est. Finish ____/____/____	Building Est. Value \$	

6. ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service _____ AMPS	Number of Circuits: 2 WIRE 3 WIRE 4 WIRE	Number of Service Outlets: 110V 220V			
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:					
Est. Start ____/____/____		Est. Finish ____/____/____		Electrical Work Est. Value \$	

7. PLUMBING PERMIT APPLICATION

Plumbing Work Yes No

Enter the Number of Fixtures Being Installed, Replaced or Repaired

Tubs/Showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (Y/N) (Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N) (Number of Heads)	
Garbage Disposals				Lawn Sprinklers (Y/N) (Number of Heads)	
				Total Fixtures	

Public Water (Y/N)	Public Sewer (Y/N)
Water Service Size _____ IN.	Water Meter Size _____ IN. Avg. Daily Water Use _____ GPD

Utility Service Revisions:

Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Plumbing Work Est. Value \$
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8. MECHANICAL PERMIT APPLICATION

Mechanical Work Yes No

Enter Number of New or Replacement 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		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	

Utility Service Revisions:

Type of Heating Fuel: (Check One) Gas (1) Oil (2) Electric (3) Coal (4) Wood (5) Other (6)

Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Mechanical Work Est. Value \$
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9. OTHER REQUIRED PERMIT APPLICATION(S)

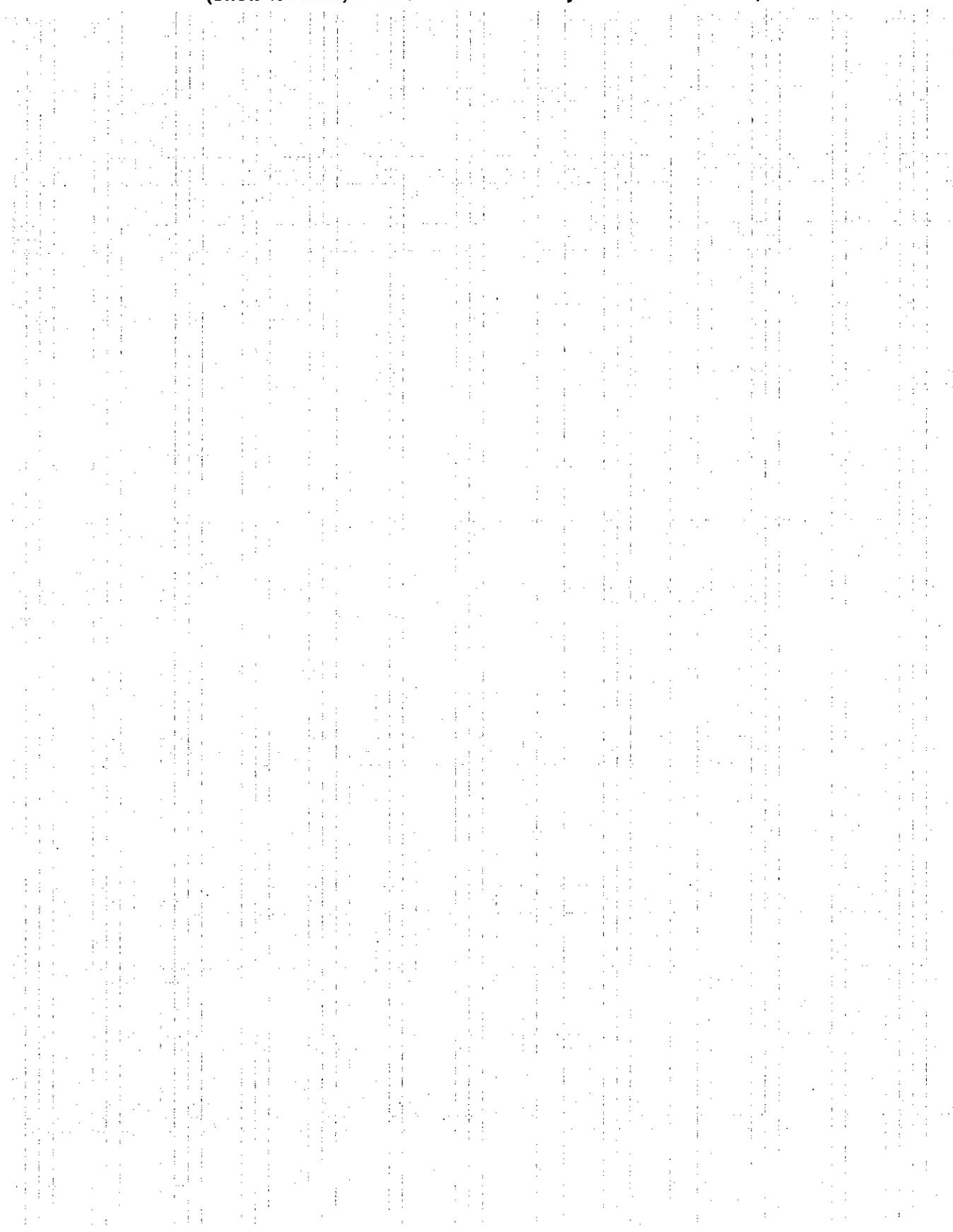
Permit Type:

Description of Work:

Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Est. Value \$
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10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)



SCALE = 1 Inch = _____ FEET

11. DATA ENTRY

Application Received: / /

By: _____

Application Reviewed: / /

By: _____

Data Entry: / /

By: _____

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE _____ LOWEST FLOOR ELEVATION _____

FLOOD ZONE _____ BASE FLOOD ELEVATION _____

13. ZONING PLAN EVALUATION

ZONING DISTRICT _____ MAP NUMBER _____

LOT AREA (From Page 2) _____ LOT COVERAGE (%) _____

LOT AREA PER ROOM _____ ENCROACHMENTS _____

OFF STREET PARKING SPACES, REQUIRED _____ PROVIDED _____

LOADING SPACE _____

SIGNS; NUMBER _____ SIZE OF EACH SIGN _____

PLANNING COMMISSION APPROVAL REQUIRED _____

BOARD OF ZONING APPEALS APPROVAL REQUIRED _____

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
TOTAL		\$	TO BE ENTERED ON PART 18				

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drwngs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

17. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

18. VALIDATION

Permit Type	Date	Number	Permit/Insp. Fee
Building Permit			
Electrical Permit			
Plumbing Permit			
Mechanical Permit			
Plan Review Fee (From Part 14)			
Certificate of Occupancy Fee			
Other Fee			
TOTAL FEES			

Prepared By: _____ Date: _____

Approved By: _____ Title: _____