



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 once the application is accepted for review**. 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: _____

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 ONLY, all contractors must register with the Borough. Registration Forms shall be submitted with this application. | _____ | _____ |
| 2. Two sets of construction drawings. Signed and sealed for New Residential Buildings. | _____ | _____ |
| 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 as determined by the Borough Zoning Officer 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 once application is accepted for review.** 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: _____



OFFICIAL BOROUGH USE

CONTRACTOR REGISTRATION

Permit must be submitted with fee to:
Malvern Borough Administrative Office
1 E First Ave, Suite 3
Malvern PA 19355

I. APPLICANT INFORMATION

Company Name: _____

Mailing Address: _____

Street

City

Zip Code

Proprietor: _____

First Name

Last Name

Contact Information: _____

Business Phone

Home or Mobile (Circle)

Email

Principle Business Function: _____

State Tax Identification #: _____ Federal Identification #: _____

II. ACT 44 COMPLIANCE (Cert. of Insurance Required)

- 1) Certificate of Insurance – Carrier proof of Worker’s Compensation for employees Coverage Dates: FROM _____ TO _____
- 2) Certificate of Self-Insurance from the PA Department of Labor and Industry
Coverage Dates: FROM _____ TO _____
- 3) Notarized Affidavit of Exemption from Worker’s Compensation Insurance stating you will not hire any employees to work on the permitted project.

III. APPLICANT SIGNATURE

I declare under penalties of perjury that this registration has been examined by me and to the best of my knowledge and believe is a true, correct and complete registration.

Applicant Signature: _____

Date: _____



IV. BOROUGH ADMIN REVIEW

Received Date: _____

Fees Collected: Yes No Fees: \$ _____ Check #: _____ Date: _____

iWorQ: Yes No Permit #: _____ Date: _____

Cert Issued: Yes No Date Mailed: _____

Admin Signature: _____

Date: _____

MANDATORY WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION
(attach to Building Permit Application)

A. The applicant is: Contractor Architect Homeowner Engineer

Name of applicant _____

Federal, State employer or tax identification number _____

B. The applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation law.

Yes If the answer is "Yes", then complete **Section C** below.

No If the answer is "No", then complete **Section D** below.

C. Insurance Information

The applicant is a qualified self-insurer for workers' compensation.

Certificate attached.

Name of Workers' compensation insurer _____

Workers' compensation insurance policy number _____

Certificate attached.

Policy expiration date _____

The undersigned deposes and says that the information set forth above is true and correct to the best of his 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.

Signature of Applicant

D. Exemption

Complete this section if the applicant is a contractor claiming exemption from providing Workers' Compensation Insurance.

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

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

Religious exemption under the Workers' Compensation Law.

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

Signature of applicant

(Signature of Notary Public)

Street address

My commission expires _____
(seal)

City State Zip Code

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	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)	<small>LAST NAME, FIRST NAME</small>			
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)	INSTITUTIONAL <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15)
IMPROVEMENT TYPE:		EDUCATIONAL <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8)	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)
<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)		FACTORY <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)	<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				
6							
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	
Shower Stalls		Floor Drains	
Lavatories		Water Heaters	
Toilets		Water Softeners	
Urinals		Sewage Ejectors	
Sinks		Sump Pumps	
Laundry Tubs		Grease Traps	
Dishwashers		Bidets	
Garbage Disposals			
			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 \$	

8. MECHANICAL PERMIT APPLICATION

Mechanical Work Yes No

Enter Number of New or Replacement Units			
Forced Air Furnace		Incinerator	
Unit Heater		Boiler	
Gas/Oil Conversion		Coil Unit	
Space Heater		Window A/C Unit	
Gravity Furnace		Split System A/C	
Solid Fuel Appliance		A/C Compressor	
			Air Handling Unit
			Heat Pump
			Air Cleaner
			Kitchen Exhaust Hood
			Hazardous Exhaust System
			Electric Furnace
Utility Service Revisions:			
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)			
Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Mechanical Work Est. Value \$	

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:		
Description of Work:		
Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Est. Value \$

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
		Health and Sanitation	
		Water	
		Architectural Review	

18. VALIDATION

	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 _____