

Catalog

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TIMELINE FOR ISSUANCE OF PERMITS:

15 Business Days to review and approve Residential & Sign Permits.

30 Business Days to review and approve Commercial Permits & Zoning Applications.

To ensure a timely approval process, make sure applications are complete.
Anything that exceeds 400 square feet is required to have Stormwater Management

DECK PERMIT

Permit(s) Required:

- 1) Zoning Permit Application and
- 2) Building Permit Application

Required Fee: \$284.50 (Check made payable to "Borough of Malvern")

Breakdown of fees:

\$75 for Zoning Permit
\$150 for Application Fee
\$55 for Review Fee
\$4.50 for State Fee

Required Documents:

2 copies of overhead view and elevation view plans are required with permits

Zoning Information:

§ 220-2401 Accessory uses, buildings, and structures. [Amended 8-21-2007 by Ord. No. 2007-4] The following may be permitted as accessory uses in addition to a permitted principal use in a district, but must always be incidental and subordinate to the principal use. The accessory use shall be located in the rear or side yard of the lot and shall be located no further forward than the front line of the principal building. The minimum setback for an accessory use in the R3a, R3b, R4, R5 and R6 Zoning Districts shall not be less than five feet from the side lot lines and not less than seven feet from the rear lot lines. In all other zoning districts, the minimum setback for an accessory use shall be not less than seven feet from the lot lines. Accessory uses shall have a maximum height of 15 feet and shall specifically be deemed accessory in accordance with the following terms:

A. Residential accessory uses, buildings, or structures. Only when noncommercial and only for the use of residents of the dwelling, accessory uses to residential uses include, but are not limited to:

- (1) Garage or parking area for the parking of passenger automobiles including noncommercial trucks and vans, and driveways in accordance with this chapter and the



Borough Subdivision and Land Development Ordinance.[1. Editor's Note: See Ch. 181, Subdivision and Land Development.]

(2) Structures such as, but not limited to, shelter for household pets, storage sheds, bathhouses, gazebos, decks, patios, tennis courts and noncommercial greenhouses. Utility structures such as generators and storage tanks shall be screened from view on all sides to the greatest extent feasible and, if located in areas subject to traffic, shall be protected against physical damage. [Amended 5-17-2011 by Ord. No. 2011-2]



ZONING PERMIT APPLICATION

ZONING PERMIT #: _____

REQUIRED DOCUMENTATION:

FEE: \$75.00

Site plans must accompany application or it will not be accepted.

Lot Coverage is Total of Building Coverage plus all other cover, such as driveways, parking lots, decks, patios, uncovered porches, walkways, etc. An increase of 400 sf of impervious coverage (whether Building or Lot) requires Stormwater Management.

I. PROPERTY INFORMATION

Applicant/Owner Name: _____
First Last

Contact Information: _____
Business Phone Home or Mobile (Circle) Email

Mailing Address: _____
Street City Zip Code

Property Address (If different): _____

Tax Parcel Number: _____ **Zoning District:** _____ **Corner Lot:** ___ Yes ___ No

II. USE DETAILS (Check all that apply)

Applicant is applying for: Construct: ___ Alter: ___ Demolish: ___ Addition: ___ Use or Change of Use: ___
Description: _____

Current Use: Residential: ___ Commercial: ___ Industrial: ___ Nonconforming: ___

Proposed Use: Residential: ___ Commercial: ___ Industrial: ___ Nonconforming: ___

Type of Occupancy: Single-Family Residential: ___ Multi-Family Residential: ___ Commercial: ___
Institutional: ___ Industrial: ___ Nonconforming: ___

III. ZONING REGULATIONS (All Fields must be completed)

	REQUIRED	EXISTING	PROPOSED
Lot Area (sq. ft.)	_____	_____	_____
Min. Lot Width (ft.)	_____	_____	_____
Min. Front Yard Setback (ft.)	_____	_____	_____
Min. Side Yard Setback (ft.)	_____	_____	_____
Min. Rear Yard Setback (ft.)	_____	_____	_____
Max. Bldg. Coverage (%)	_____	_____	_____
Max. Lot Coverage (%)	_____	_____	_____
Max. Bldg. Height (ft.)	_____	_____	_____
Parking Spaces (#)	_____	_____	_____
Accessory Structure Floor Area (sq. ft.)	Not Applicable	_____	_____

****SEE REVERSE SIDE FOR SIGNATURE****

IV. APPLICANT SIGNATURE

The information provided by the applicant named on this document is true and correct to the best of his/her knowledge. Falsified information may result in the revocation of the Zoning Permit and appropriate legal action as is provided by Commonwealth Law.

Applicant Signature: _____ **Date:** _____

Property Owner Signature (if different): _____ **Date:** _____

V. BOROUGH REVIEW

Amt. Paid: \$ _____ **Check #:** _____ **Dated:** _____

Approved: ___Yes ___No **Zoning Permit #:** _____ **Building Permit #:** _____

Zoning Officer's Signature: _____ **Date:** _____

Planning Commission Approval Required: ___Yes ___No

If Not approved, was a Zoning Hearing Board Application and Zoning Plan Review Notes provided: ___Yes ___No

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"/> Mechanical (M)	<input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
-----------------------------	--	--	--	-----------------------------

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.

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE: 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)				<input type="checkbox"/> OTHER (24) PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM			
Plan Number		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)											
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 APPLICATIONPlumbing 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 \$	

8. MECHANICAL PERMIT APPLICATIONMechanical Work ☐ Yes ☐ No

Enter Number of New or Replacement Units

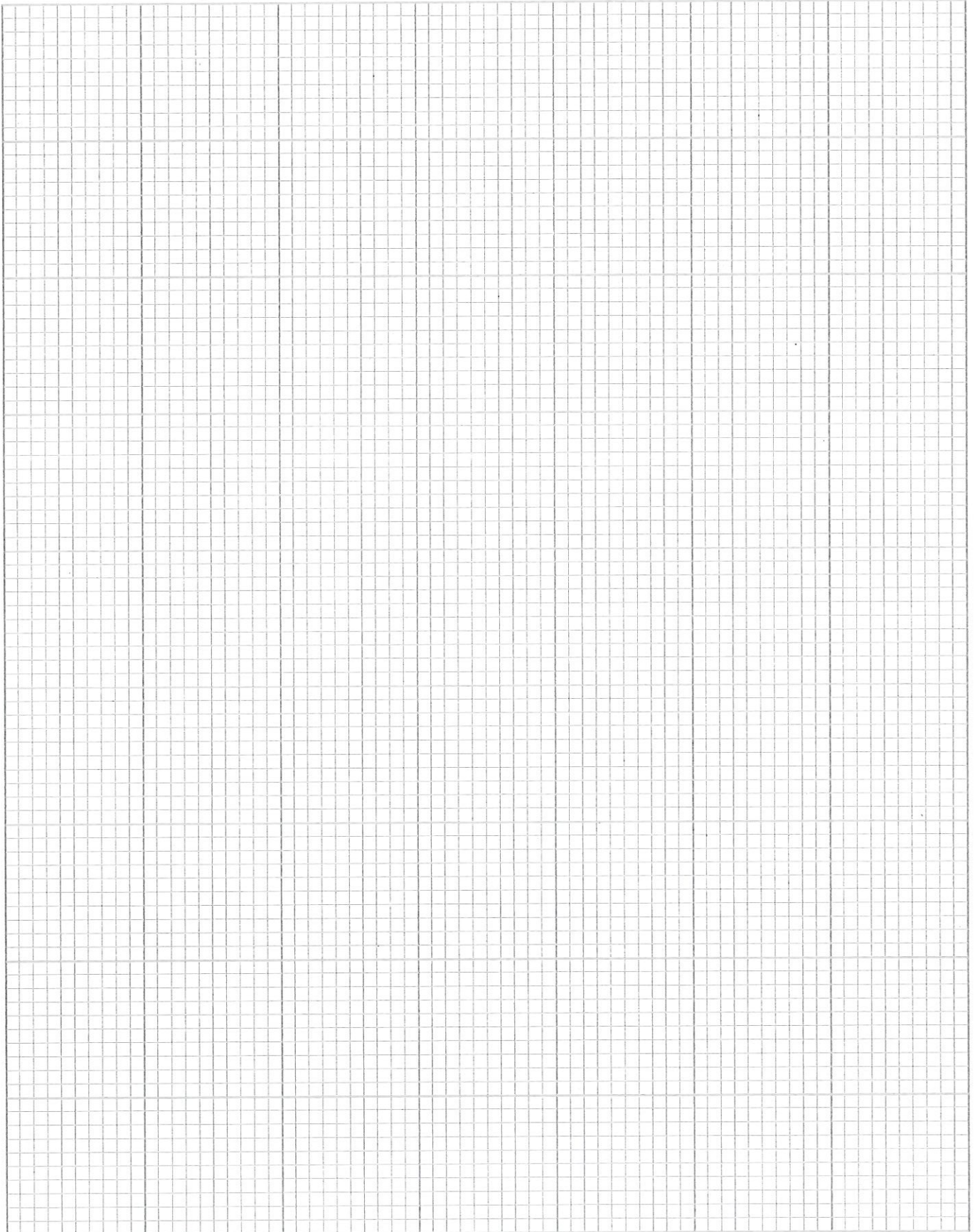
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Utility Service Revisions:					
Type of Heating Fuel: (Check One) <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
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

18. VALIDATION

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

Prepared By: _____ Date: _____

Approved By: _____ Title: _____

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: _____