



West Rockhill Township
 1028 Ridge Road
 Sellersville, PA 18960
 Phone 215-257-9063
 Fax 215-257-0701

WEST ROCKHILL TOWNSHIP BUILDING SUBCODE TECHNICAL SECTION



Date Received _____
 Control # _____
 Date Issued _____
 Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-242-1776.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)							
PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type:	Failure	Failure	Approval
<input type="checkbox"/>	No Plans Required	_____	_____	Footings/Foundations	_____	_____	_____
<input type="checkbox"/>	All	_____	_____	Footings/Foundations	_____	_____	_____
<input type="checkbox"/>	Footings/Foundations	_____	_____	Foundation	_____	_____	_____
<input type="checkbox"/>	Structural/Framework	_____	_____	Slab	_____	_____	_____
<input type="checkbox"/>	Exterior	_____	_____	Frame	_____	_____	_____
<input type="checkbox"/>	Interior	_____	_____	Truss Sys./Bracing	_____	_____	_____
Joint Plan Review Required:				Barrier-Free	_____	_____	_____
<input type="checkbox"/>	Elec.	<input type="checkbox"/>	Plumb.	Insulation	_____	_____	_____
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator	Finishes -Base Layer	_____	_____	_____
SUBCODE APPROVAL for PERMIT				Finishes -Final	_____	_____	_____
Date: _____				Energy	_____	_____	_____
Approved by: _____				Mechanical	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE				TCO	_____	_____	_____
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO	Other	_____	_____	_____
<input type="checkbox"/>	CA	Date: _____		Final	_____	_____	_____
Approved by: _____				Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building:

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. **Est. Cost of Bldg. Work:**

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ _____

Max. Occupancy Load _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- TYPE OF WORK:
- New Building
 - Addition
 - Rehabilitation
 - Roofing
 - Siding
 - Fence _____ Height (exceeds 6')
 - Sign _____ Sq. Ft.
 - Pool
 - Retaining Wall _____ Sq. Ft.
 - Asbestos Abatement Subchapter 8
 - Radon Remediation
 - Other _____
 - Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.