RUSCOMBMANOR TWP PERMIT APPLICATION CHECKLIST

Storm Water:

□ If 1,000 sq. ft. or more of impervious is being created, a stormwater plan must be submitted to the Township Engineer. Complete the stormwater portion of the application and submit the stormwater plan with this packet. The building/zoning permit cannot be released until the stormwater plan is approved. Plan your schedule accordingly

Zoning Permit:

- □ Submit NONREFUNDABLE Application Fee (\$100) CHECK PAYABLE TO TOWNSHIP
- □ Complete the Zoning/Building Permit Application.
- Provide a plot plan showing all structures, including sizes, located on the property along with the distance of the structures to each property line. Please note the location of the septic system, well, and any easements on the property.
- □ Sign the Permit Terms and Conditions

Residential Building Permit:

- Complete the Zoning/Building Permit Application. If electrical, plumbing, and/or mechanical work is being performed, please be sure to complete all appropriate applications. Submit workers compensation insurance for each contractor.
- □ Complete the driveway and/or well application (if applicable)
- □ Submit NONREFUNDABLE Application Fee (\$100) CHECK PAYABLE TO TOWNSHIP
- Provide a plot plan showing all structures, including sizes, located on the property along with the distance of the structures to each property line. Please note the location of the septic system, well, and any easements on the property.
- \Box Provide two (2) copies of the building plans.
- Provide proof of EDU from the Sewer Authority or On-Lot Septic permit from the Sewage Enforcement Officer (if applicable)
- □ Provide Highway Occupancy Permit from PennDot (if applicable)
- □ Provide approval from Water Authority for public water connection (if applicable)
- □ Provide Storm water Management Approval (required if creating > 1,000 sq. ft. of impervious)
- □ Sign the Permit Terms and Conditions
- D Provide Erosion & Sediment Control Plan approval from Conversation District (if applicable)

Additional information/documents may be required depending on the type of construction. CALL BEFORE YOU DIG, MAKE A PA ONE CALL - Dial 811

RUSCOMBMANOR TWP PERMIT APPLICATION CHECKLIST LTL CONSULTANTS, LTD – (610-987-9290)

Commercial Building Permit:

- Complete the Zoning/Building Permit Application. If electrical, plumbing, and/or mechanical work is being performed, please be sure to complete all appropriate applications.
- □ Submit Application Fee (\$500) CHECK PAYABLE TO TOWNSHIP
- □ Provide a site plan showing the size and location of new construction and existing structures on the site, distances from lot lines, the established street grades and the proposed finished grades, the location of parking spaces, accessible routes, public transportation stops and other required accessibility features. If the construction involves demolition, the site plan shall indicate construction that is to be demolished and the size and location of existing structures and construction that will remain on the site or plot.
- □ Provide three (3) copies of building, electrical, plumbing, and mechanical plans that are signed and seal by a Pennsylvania licensed design professional.
- □ Provide Land Development Approval (if applicable)
- □ Provide proof of EDU from the Sewer Authority or On-Lot Septic permit from the Sewage Enforcement Officer (if applicable)
- D Provide Highway Occupancy Permit from PennDot (if applicable)
- □ Provide approval from Water Authority for public water connection (if applicable)
- □ Provide Storm water Management Approval (required if creating > 1,000 sq. ft. of impervious)
- □ Sign the Permit Terms and Conditions
- □ Provide Erosion & Sediment Control Plan approval from Conversation District (if applicable)
- □ Asbestos Abatement and Demolition/Renovation Notification Forms must be completed and submitted to PA DEP for all commercial demolition/renovation projects.

Additional information/documents may be required depending on the type of construction. CALL BEFORE YOU DIG, MAKE A PA ONE CALL - Dial 811

LTL CONSULTANTS, LTD. 610-987-9290 / Toll Free 888-987-8886

ZONING/UNIFORM CONSTRUCTION PERMIT APPLICATION

LOCATION OF PROPOSED WORK OR IMPROVEMENT

(any address should include street, city, state & zip code)

County:			_Municipalit	y:		
Site Address:						
Tax Parcel #:			Lot Siz	ze:	Lot #	
	Land Developmen					
Owner/Applicant Na	me:			Phone #:		
Mailing Addre	ess:					
Fax #:		E-Mail:				
Principal Contractor	:			Phone #:		
Mailing Addre	ess:					
Fax #:		E-Mail:				
PA Contractor	Registration #:					
Architect:				Phone #:		
Mailing Addre	ess:					
Fax #:		E-Mail:				
TYPE OF WORK	OR IMPROVE	MENT				
New Building	Addition	Alteration	Repair	Demolition	Relocation	Sign
Foundation Only	Change of Use		Plumbing	Mechanical	Electrical	Other
ESTIMATED COST DESCRIPTION OF I			ble fair market	* value) \$		
			NON DEG			
	<u>COR ACCESSORY</u> Dwelling (R-3)	THEREIU		SIDENTIAL Jse:		
2	Dwelling (R-3)			D:		
1001	2 (11 c)		Change in	Use: Yes	No	
			If YES,	, Indicate Former:		
BUILDING/SITE (CHARACTERI	STICS				
Number of Resi	dential Dwelling U	nits:	Exis	sting,	P1	roposed
Water Service:	(Check One)		py of Authority		N	
			•	pproval if required	1)	
Sewer Service:	(Check One)		py of Authority ptic Permit #	y approval))	
		111.000 (00	r		/	
BUILDING DIME						
	ng Area:			umber of Stories:_		
	ing Area:			leight of Structure		
Total Building	Area:	Sq.	Ft. A	area of Largest Floo	or:	Sq. Ft.

FLOODPLAIN

Is the site located within an identified flood hazard area? (Check One)	Yes	No	
Will any portion of the flood hazard area be developed? (Check One)	Yes	No	N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically *Section 60.3*

Lowest Floor Level:_____

HISTORIC DISTRICT

Is the site located within a Historic District? Yes No If construction is proposed within a Historic District, a certificate of appropriateness may be required by the Municipality.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents, PA Act 45 of 1999 (Uniform Construction Code), Act 247 of 1968 as amended (Municipalities Planning Code), and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances or the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations and is responsible for all review costs incurred for the proposed project.

Application for a permit shall be made by the *owner* or lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

I certify the code administrator or the code administrator'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 Owner or Authorized Agent	Print Name of Owner or Authorized Agent
Address	Date
Directions to Site	
Approved by:	Permit #'s

REFER TO CHECKLIST TO DETERMINE ADDITIONAL APPLICATION REQUIREMENTS

PLUMBING PERMIT APPLICATION

TOWNSHIP:		
Date of Application:	, 20	Permit Fee: \$
Name of Applicant (Owner	r):	
Address		Phone
		Zip Code
Name of Contractor:		
		Phone
		Zip Code
Subdivision Name and Lot	No. (if applicable):	
Tax Map Parcel Number:		
Check Appropriate Box:	△ Mobile Home or Manuf	actured Dwelling
	△ Single-Family Dwelling	
	△ Two Family Dwelling	
	△ Apartment Building or C	Condominium
	△ Addition or Alteration	
	△ Sewer Lateral	
	△ Water Lateral	
		ation: Specify:
	△ Permit for work not liste	ed elsewhere
Statement of materials to b	e Used:	
Estimated Cost of Plumbin	g Construction (Reasonable f	fair market value) \$
I hereby certify that the in knowledge.	formation hereon and herew	ith is true and correct to the best of my
Applicant's Signature:		Date:
		ance Date:
Approved by Inspector:	Signature	Date:
	- 0	

LTL CONSULTANTS, LTD. ELECTRICAL PERMIT APPLICATION

Date	Permit No
Township	(Assigned by LTL) Contractor
Job Site Address	Phone
Electric Company Job #	
Job Site Owner Experience	ce (Journeyman, etc
Job Site Phone License N	Number
General Information (circle all that app	ply)
Single Family Residence Multiple Re	esidences Businesses Industrial
New Remodel	Repair Accessory Structure
Pool	Temporary Permanent
Service Size (if applicable) Voltage	Amperage Phase
Service wire size and type Gage	(cu, al, cu/al)
Grounding Electrode System	
Wiring Method: NM AC M	C RNC RMC $\frac{1}{\text{Size}}$ $\frac{1}{\text{Type}}$
Emergency Generator Voltage	Amperage Size
HVAC: Type Tonnag	ge HPVoltageAmperage
Baseboard Quantity	Amperage Total
Fire/Emergency System Type	Quantity of detectors
Is a set of electric plans included with	this or with the building application?(Y/N)
Applicant certifies that all information given is c complied with in performing the work for which Work must begin within one (1) year of permit i Description of work:	issuance or the permit shall be come invalid.

ESTIMATED COST OF ELECTRICAL CONSTRUCTION (Reasonable fair market value) \$

DRIVEWAY PERMIT APPLICATION

TOWNSHIP:		
Date of Application:	, 20	Permit Fee: \$
Name of Applicant:		
		Phone
		Zip Code
Owner (if other than applicant):		
Address		Phone
Name of Contractor or Builder:		
		Phone
		Zip Code
Property Address of Site:		
•		
I hereby certify that the information furthermore the property owner has		rue and correct to the best of my knowledge, and
Applicant's Signature:		Date:
Permit No.:	Issuan	ce Date:
Approved by Inspector:		Date:
. –	Signature	

Workers' Compensation Insurance Coverage Information

Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law? 1. Yes No

If the answer is "yes", complete Sections B, C, D, and E below as appropriate. If the answer is "no", complete Section E.

B. **Insurance Information**

Name of Applicant

Federal or State Employer Identification Number_____

Applicant is a qualified self-insurer for workers' compensation. Check if Certificate is attached.

Name of Workers' Compensation Insurer

Workers' Compensation Insurance Policy Number Check if Certificate is attached.

Policy Expiration Date

C. Is the applicant using any subcontractor(s) on this project? Yes No

If the answer is "yes", the applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.

D. Exemption: Complete Section D 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 worker's compensation insurance under the provisions of the Pennsylvania Worker's 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 to the Township.

Religious exemption under the Workers' Compensation Law.

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

Signature of Notary Public

_____ My Commission expires:_____

(Seal)

Е. Signature required for all applicants

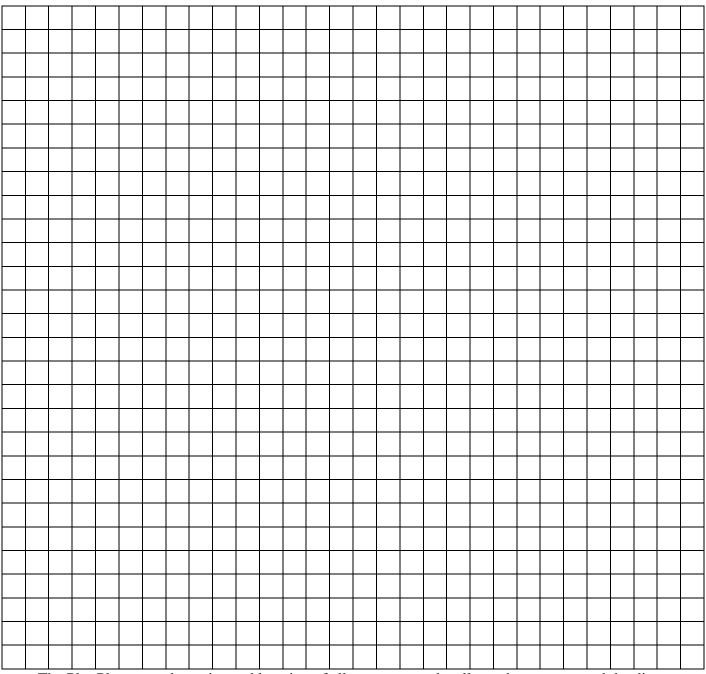
Signature of Applicant

Address

NAME:

PLOT PLAN / SKETCH PLAN AREA

LOCATION:



The Plot Plan must show size and location of all structures and wells on the property and the distance to property lines (hand drawn is acceptable)

Is your drawing to scale Y / N? If yes, what is the scale?

Any questions, please contact: LTL Consultants, Ltd. at 610-987-9290 or 1-888-987-8886

Stormwater Best Management Practices Worksheets

Stormwater Management for Minor Land Disturbance Activities addresses the intent of the SWM Ordinance by managing the runoff through infiltration facilities. To determine the size of infiltration facilities required for a site for a Minor Land Disturbance Activity utilize a factor of 0.18 times the impervious area. This approximates the net 2 year increase.

STEP ONE: DETERMINE REQUIRED VOLUME		
TOTAL AREA of IMPERVIOUS COVER		
Includes all areas of new building, paving, concrete and compacted		
gravel that are part of the proposed work. (Except pervious paver		
blocks)		Sq. ft.
Multiply by 0.18	x 0.18	
TOTAL WATER QUALITY VOLUME REQUIRED (WQ_v)		Cu. ft.

Details of the BMPs listed below are provided as part of this Appendix. For additional information on how these BMPs function and ideas of other BMPs refer to the "Pennsylvania Stormwater Best Management Practices Manual" latest edition prepared by the DEP.

STEP TWO: SELECT BMPs TO BE UTILIZED		
BMP NAME	(How Many)	
1. Infiltration Basin		
2. Infiltration Bed		
3. Infiltration Trench		
4. Other*		
TOTAL		

* As approved by the Township Engineer. Provide additional information as needed.

The first three BMPs listed are Infiltration BMPs and as such should be located on the site in areas with the most suitable soil. Areas of wet or poorly drained soils should be avoided.

Infiltration BMPs shall also be located with the following setbacks:

Ten (10) feet down gradient from a building basement One hundred (100) feet up gradient from a building basement Ten (10) feet from property lines One Hundred (100) feet from wells Fifty (50) feet from septic system drain fields

Recognizing that Minor Land Disturbance Activities often cannot meet the setback requirements due to the size of the proposed work area, consideration will be made to reduce the setbacks provided.

BMP Installation Notes:

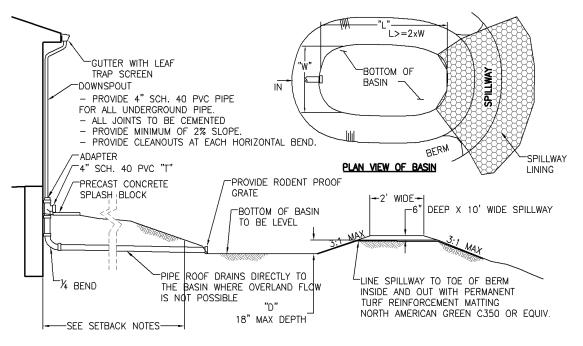
- **1.** BMPs shall be protected during construction to prevent sediment-laden water from entering the facility.
- **2.** Excavation of the BMPs shall be conducted in a manner that will not compact the bottom of the facility.
- **3.** The bottom of the facility shall be scarified immediately prior to the placement of the bottom layer of geotextile for subsurface structures or the topsoil placement for above ground structures.
- **4.** Geotextile shall be placed in accordance with the manufacturer's specifications. Seams shall be overlapped a minimum of 16 inches.
- **5.** The area of the BMP shall be fenced off during construction. Construction equipment shall be prohibited from entering the area to avoid soil compaction.

STEP THREE: DETERMINE VOLUME PROVIDED		
BMP (See details for volume calculations)	Volume (cu. ft.)	
1. Infiltration Basin		
2. Infiltration Bed		
3. Infiltration Trench		
4. Other*		
TOTAL (must be greater than WQ _v in Step One)		

* As approved by the Township Engineer. Provide additional information as needed.

SWM BMP #1 -INFILTRATION BASIN

An Infiltration Basin provides an aboveground area for water to be stored and infiltrate into the ground. Roof Drains and overland runoff are directed into an aboveground basin to infiltrate. A spillway is provided to release the larger storm volumes. The spillway should be located to avoid any down slope problems when water is flowing over the spillway. The spillway shall be lined with a permanent erosion mat to prevent deterioration. The spillway should be located as far away from any inflow pipes to promote infiltration and settling of runoff contaminants. The basin shall also be planted with vegetation that is tolerant of the wet conditions that will occur during infiltration. The depth of the basin may be increased with the approval of the Township Engineer.



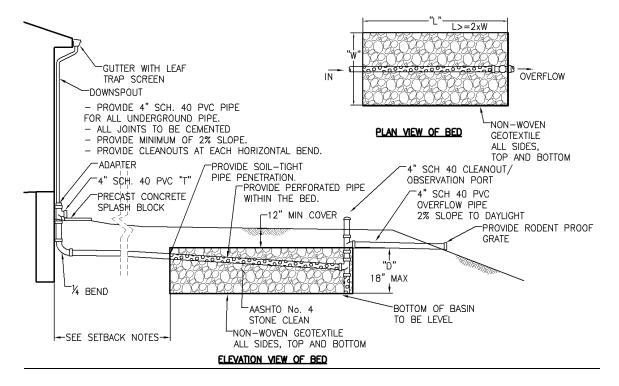
ELEVATION VIEW OF BASIN

Determination of Water Quality Volume provided:

1	Bottom Area – for rectangular basins use L x W, estimate for	
	irregular shaped Basin	Sq. ft.
2	Depth of Basin = D	Ft.
3	Basic Volume = $L \times W \times D$ (Line 1 x Line 2)	Cu. Ft.
4	Side Slope Factor "Z" – Use 3 for 3:1 slope, 4 for 4:1 slope, etc	
5	Approx. Additional Volume = $(L+W) \times Z \times D \times D$	Cu. Ft.
6	TOTAL VOLUME (WQ_v) (Line 3 + Line 5)	
	(Use this number in Step Three)	Cu. Ft.

SWM BMP #2 –INFILTRATION BED

An infiltration bed can be used where surface runoff is not to be captured. Roof Drains from the proposed structure are piped into an underground basin to infiltrate into the ground. An overflow pipe is provided to release the larger storm volumes. A cleanout is provided to facilitate maintenance and provide an inspection port for the bed. The pipe within the bed is perforated and should be run through the basin to the fullest extent to promote infiltration and distribution of the runoff. The soil over the basin shall also be planted with vegetation that will not interfere with the operation of the bed. The depth of the bed may be increased with the approval of the Township Engineer.

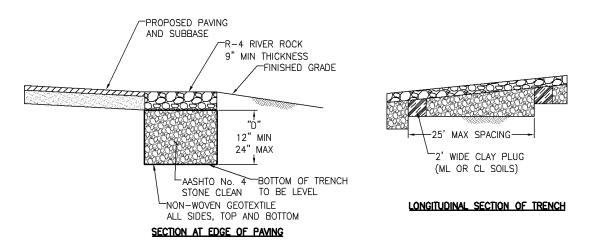


Determination of Water Quality Volume provided:

1	Bottom Area – for rectangular basins use L x W	Sq. ft.
2	Depth of Basin = D	Ft.
3	Basic Volume = $L \times W \times D$ (Line 1 x Line 2)	Cu. Ft.
4	Actual Void Volume in Stone Bed (WQ_v) = 0.4 x Line 3	
	(Use this number in Step Three)	Cu. Ft.

SWM BMP #3 –INFILTRATION TRENCH

Infiltration trenches are utilized along the perimeter of impervious surfaces to collect, store and infiltrate runoff. River rock will be placed on the bed to allow the runoff to enter the trench; alternately the bed may utilize a perforated pipe with inlets to get the runoff into the trench. The trench is constructed as a terraced system with clay dikes to promote infiltration. The depth of the trench may be increased with the approval of the Township Engineer. Pipe can be utilized within the trench to increase the available storage volume. Because the trench is installed along paved area that need to be compacted during construction, extra attention needs to be paid to avoid compaction in the area of the trench or loosen the material under the trench prior to installation.



Determination of Water Quality Volume provided:

1	Bottom Area = Length of Trench x Width	Sq. ft.
2	Depth of Basin = D	Ft.
3	Basic Volume = $L \times W \times D$ (Line 1 x Line 2)	Cu. Ft.
4	Actual Void Volume in Stone Bed (WQ_v) = 0.4 x Line 3	
	(Use this number in Step Three)	Cu. Ft.

If perforated pipe is used in the bed, adjust volume accordingly.