



West Lebanon Township  
 322 North 22<sup>nd</sup> Street, Lebanon, PA. 17046  
 Phone # (717) 274-1598 Fax: (717) 274-5119

## Application for Plan Review & Building Permit

**Failure to fill out the permit application completely may result in delays or rejection of application.**

### Property Address

Applicant Name	County	
Street Address	Parcel	Zoning

### Owner address

Last Name or Business	First Name	Phone	Fax
Address	City	State	Zip

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner or record, and that I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his delegated representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project.

Applicant Signature : \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Office Phone \_\_\_\_\_

Email \_\_\_\_\_

**Description of proposed project:**

**All 7 pages of the Plan Review / Building Application need to be submitted to the West Lebanon Township along with 3 sets of stamped building plans.**

**Spec Sheets must be included**

*Applications will be reviewed by the Code officer, Zoning officer and/or Commonwealth Code Inspection Services prior to issuance of a Permit.*

### Type of Application

<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Accessibility <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Other <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Occupancy     _____		
<b>Type of Work (Check all that apply)</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Additional Construction <input type="checkbox"/> Alteration/Structure/Egress Change <input type="checkbox"/> Repair/Renovations IBC IEBC (1 2 3) <input type="checkbox"/> Foundation Permit <input type="checkbox"/> Change of Use / Occupancy <input type="checkbox"/> Initial Certificate of Occupancy	<b>Type of Construction</b> (Check all that apply) <input type="checkbox"/> IA <input type="checkbox"/> IVv <input type="checkbox"/> IBv <input type="checkbox"/> IIA <input type="checkbox"/> VB <input type="checkbox"/> IIB <input type="checkbox"/> VA <input type="checkbox"/> IIIA <input type="checkbox"/> Separate Use <input type="checkbox"/> IIIB <input type="checkbox"/> Non-separated Use	Previous L&I Certificate #(s) _____  Proposed Code/Year for this Project _____
<b>Use Groups (List all)</b> <input type="checkbox"/> A1 <input type="checkbox"/> H1 <input type="checkbox"/> R1 <input type="checkbox"/> A2 <input type="checkbox"/> H2 <input type="checkbox"/> R2 <input type="checkbox"/> A3 <input type="checkbox"/> H3 <input type="checkbox"/> R3 <input type="checkbox"/> A4 <input type="checkbox"/> H4 <input type="checkbox"/> R4 <input type="checkbox"/> A5 <input type="checkbox"/> H5  <input type="checkbox"/> B <input type="checkbox"/> I1 <input type="checkbox"/> S1 <input type="checkbox"/> <input type="checkbox"/> I2 <input type="checkbox"/> S2 <input type="checkbox"/> E <input type="checkbox"/> I3 <input type="checkbox"/> U <input type="checkbox"/> <input type="checkbox"/> I4  <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> M	<b>Fire Separation</b>  <input type="checkbox"/> Single Use  <input type="checkbox"/> Separated Uses  <input type="checkbox"/> Non-Separated Mixed Use  <input type="checkbox"/> Incidental Use Main Use _____	<b>Fire Suppression ( list all)</b>  <b>Type:</b> <input type="checkbox"/> Wet (Water) # _____ Standard _____  <input type="checkbox"/> Dry (Water) # _____ Standard _____  <input type="checkbox"/> Chemical # _____ Standard _____ Type _____
<b>Proposed Start Date:</b> _____	<b>Projected Finish Date:</b> _____	<b>Total Value of all Work:</b> _____

**\*\* Attach additional sheets if necessary, to provide complete listing of systems as requested in the sections below.**

### Electrical Permit Information

Not applicable to project

<b>Electrical Service Size</b> _____ Amps     Power Company Name _____ _____ Volts     Power company Job # _____ _____ Ø							
General Outlets: _____ 120 volts     _____ 240 volts Circuits: _____ 2 wire     _____ 3 wire     _____ 4 wire							
Device Name	Watts	Amps	#	Device Name	Watts	Amps	#

### Plumbing Permit Information

Not applicable to project

<b>Water Service Size</b> _____ In. Dia     Water Company Name _____ _____ Pressure @ main (PSI)     Water company Job # _____ _____ Supply @ main (GPM) Supply Branches: _____ Hot     _____ Cold     Total Demand: _____ GPM     _____ PSI			
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Fixture Name	GPM	PSI	#	Fixture Name	GPM	PSI	#

**Sewer** Sewer Company Name \_\_\_\_\_ Job # \_\_\_\_\_  
 Size of Main \_\_\_\_\_ in. Size of Lateral \_\_\_\_\_ in. Capacity of System \_\_\_\_\_ DFU

**Septic** S.E.O. Company Name \_\_\_\_\_ Job # \_\_\_\_\_  
 Size of Tank \_\_\_\_\_ gal. Size of Lateral \_\_\_\_\_ in. Capacity of System \_\_\_\_\_ DFU  
 Size of Building Drain \_\_\_\_\_ in. Total Calculated Outflow \_\_\_\_\_ DFU

Fixture Name	Drain (in)	Vent (in)	DFU	Fixture Name	Drain (in)	Vent (in)	DFU

Grease Trap \_\_\_\_\_ gal. Garbage Disposal # \_\_\_\_\_ Air Admittance Valve # \_\_\_\_\_ Backflow Preventer # \_\_\_\_\_

**Mechanical Permit Information**

Not applicable to project

Number of Systems \_\_\_\_\_

System	BTU	Fuel	Vent Type (+ R ?)	Function ( Heat? Cool? Water? Vent?)

Fuel Gas: Yes \_\_\_\_\_ No \_\_\_\_\_ Public: Yes \_\_\_\_\_ No \_\_\_\_\_ Piping Type(s) \_\_\_\_\_  
 Oil: Yes \_\_\_\_\_ No \_\_\_\_\_ Tank Capacity \_\_\_\_\_ Underground: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Electric: Yes \_\_\_\_\_ No \_\_\_\_\_ Total KW \_\_\_\_\_

Duct Detectors Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Zones \_\_\_\_\_ Type \_\_\_\_\_  
 Kitchen Hood Yes \_\_\_\_\_ No \_\_\_\_\_ Fire Suppression System Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_  
 Hazardous Exhaust Yes \_\_\_\_\_ No \_\_\_\_\_ Fire Suppression system Type \_\_\_\_\_  
 Fire Dampers Yes \_\_\_\_\_ No \_\_\_\_\_ Smoke Dampers \_\_\_\_\_  
 Smoke Control System Yes \_\_\_\_\_ No \_\_\_\_\_ Governing Code Sections(s) \_\_\_\_\_  
 Regular Exhaust Fans Yes \_\_\_\_\_ No \_\_\_\_\_ Number Duct Type (s) \_\_\_\_\_  
 Fireplace Yes \_\_\_\_\_ No \_\_\_\_\_ Number \_\_\_\_\_  
 Gas Yes \_\_\_\_\_ No \_\_\_\_\_ Piping Type \_\_\_\_\_ Vent Type \_\_\_\_\_  
 Masonry Yes \_\_\_\_\_ No \_\_\_\_\_ Material Type \_\_\_\_\_ Chimney Type \_\_\_\_\_  
 Electric Yes \_\_\_\_\_ No \_\_\_\_\_ Kw \_\_\_\_\_

### Fire Alarm Permit Information

Not applicable to project

Requiring Code Section \_\_\_\_\_

Types of Wirings \_\_\_\_\_

Battery Back up Yes \_\_\_\_\_ No \_\_\_\_\_ Generator Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Zones \_\_\_\_\_

Types(s) of System(s) \_\_\_\_\_  
Smoke, Heat, Infrared, Ultraviolet, etc..

Types of Special Applications \_\_\_\_\_

Types of Initiating Tests \_\_\_\_\_

### Fire Suppression System Permit

Not applicable to project

Requiring Code Section \_\_\_\_\_

Number of System(s) \_\_\_\_\_

Design	NFPA 13	Yes _____ No _____	Wet System	Yes _____ No _____	Number	_____
	NFPA 13 R	Yes _____ No _____	Dry System	Yes _____ No _____	Number	_____
System Type		Piping Type		System Design Pressure (PSI)	System Design Capacity (GPM)	
Alternate Systems Yes _____ No _____		Pre-Action Yes _____ No _____		Number of Systems _____		
System Type		Chemical		Capacity	Reference Standards(s)	

### Personnel

#### General Contractor

General Contractor / Company \_\_\_\_\_

Contact Person \_\_\_\_\_ Are there other prime contractors Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes list separately)

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Architect**

Architect in Responsible Charge \_\_\_\_\_  
Lead Architect \_\_\_\_\_ Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Structural Engineer**

Firm \_\_\_\_\_  
Lead Engineer \_\_\_\_\_ Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Electrical Engineer**

Firm \_\_\_\_\_  
Lead Engineer \_\_\_\_\_ Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Mechanical Engineer**

Firm \_\_\_\_\_  
Lead Engineer \_\_\_\_\_ Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Plumbing Engineer**

Firm \_\_\_\_\_  
Lead Engineer \_\_\_\_\_ Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Fire Alarm Engineer / Designer**

Firm \_\_\_\_\_  
Lead Engineer/Designer \_\_\_\_\_ Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Fire Suppression Engineer / Designer**

Firm \_\_\_\_\_  
Lead Engineer/Designer \_\_\_\_\_ Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

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**Notice**

A list of inspections that will be required, based on the permit application and plan submission, can be obtained from the Code Official at the time of permit issuance. Noted inspection may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to ensure Code Compliance. Inspection approval must be obtained from the work currently completed before proceeding to the next step of construction listed for each trade.

The Township contracts with Commonwealth Code Inspection Services (CCIS). All inspections will be conducted by CCIS with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the

Design Professional; or as otherwise directed by the Township. Special Inspections shall be performed per the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional.

A special inspection program list shall be furnished to CCIS prior to the start of the project phase associated with the inspection. The list shall include name of company, corporate officers, address, and contract information along with accreditation and qualifications of individual inspectors.

The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc with at least 24 hours' notice to CCIS between 6:00 a.m. and 8:00 a.m. 717-664-2347 (main office) or 800-732-0043 (toll free - PA).

*Applicant's signature acknowledging that the above Notice was read:* \_\_\_\_\_

Date \_\_\_\_\_