



**NORTH WHITEHALL
TOWNSHIP**
3256 LEVANS ROAD, COPLAY, PA 18037
610-799-3411 610-799-9629 FAX
www.northwhitehall.org

**COMMERCIAL
ELECTRICAL
MECHANICAL
PLUMBING
PERMIT
APPLICATION**

PLEASE READ



INSTRUCTIONS

Please follow these instructions to the right completely, check off as completed or your permit will not be processed.

- 1. All commercial electrical, mechanical & plumbing permits must have three (3) full sets of construction plans for review, containing information required by Section 103.D.3 of the NWT Zoning Ordinance
- 2. Proof of, or waiver from, Workman's Compensation Insurance must be provided at time of submission.
- 3. **Property Owner signature is REQUIRED** on the application or the application will NOT be processed.
- 4. **Two checks** needed for building permit application. **One payable to North Whitehall Township** for the application fee and **one check payable to the inspection agency** (list at bottom of application) of your choice for review/deposit fee only ****ADDITIONAL FEES MAY BE DUE TO THE INSPECTION AGENCY AT TIME OF PERMIT ISSUANCE, FOR THE INSPECTIONS ON THE PROJECT****

A. PERMIT TYPE

- | | | |
|--|--|---|
| <input type="checkbox"/> HOOKUP TO PUBLIC WATER SYSTEM | <input type="checkbox"/> HYDRONIC HEATING SYSTEM | <input type="checkbox"/> HEATING SYSTEM |
| <input type="checkbox"/> HOOKUP TO PUBLIC SEWER SYSTEM | <input type="checkbox"/> ADDITIONAL METER OR PANEL | <input type="checkbox"/> GENERATOR _____ KW |
| <input type="checkbox"/> NEW BATHROOM | <input type="checkbox"/> NEW ELECTRIC SERVICE _____ AMPS | <input type="checkbox"/> HVAC/HEAT PUMPS |
| <input type="checkbox"/> NEW KITCHEN | <input type="checkbox"/> UPGRADE ELECTRIC SERVICE _____ AMPS | <input type="checkbox"/> RESTART OLD SERVICE AFTER 6 MONTHS |
| <input type="checkbox"/> ALARM SYSTEM | <input type="checkbox"/> OTHER: PLEASE EXPLAIN _____ | |
| <input type="checkbox"/> WATER HEATER | | |

DESCRIPTION OF PROPOSED WORK: _____

B. IDENTIFICATION

PROJECT LOCATION (ADDRESS): _____

OWNER: _____ ADDRESS: _____ PHONE #: _____

APPLICANT: _____ ADDRESS: _____ PHONE #: _____

CONTRACTOR: _____ ADDRESS: _____ PHONE #: _____

HOME OWNER EMAIL: _____

CONTRACTOR EMAIL: _____

C. STRUCTURE CHARACTERISTICS

1. NUMBER OF BATHROOMS _____ 2. WATER SUPPLY LCA NBMA WTA WELL

D. ESTIMATED cost of construction (materials + labor) \$ _____

E. OTHER PERMITS (please read and check appropriate boxes below):

WHAT OTHER PERMITS ARE REQUIRED IN CONJUNCTION WITH THIS PERMIT? (IF APPLICABLE)

- ZONING BUILDING DRIVEWAY

PROPERTY OWNER SIGNATURE REQUIRED _____

APPLICANT SIGNATURE _____

DATE _____

Please choose REVIEWING INSPECTION AGENCY: _____

▪ BARRY ISETT AND ASSOCIATES	610-398-0904	REVIEW/DEPOSIT FEE ONLY	COMMERCIAL =	\$250.00
▪ KEYCODES INSPECTION AGENCY	610-866-9663	REVIEW/DEPOSIT FEE ONLY	COMMERCIAL =	\$250.00
▪ LEHIGH VALLEY INSPECTION SERVICE	610-395-3827	REVIEW/DEPOSIT FEE ONLY	COMMERCIAL =	\$250.00

FOR OFFICE USE ONLY

Zoning Review Approved by: _____

(Zoning Officer)

(Date)

DATE APPLICATION RECEIVED: _____

ELECTRICAL PERMIT # _____

MECHANICAL PERMIT # _____

PLUMBING PERMIT # _____

CASH / CHECK # _____

COMMERCIAL APPLICATION FEE: \$ 105.00

TOWNSHIP APPLICATION FEE IS NON-REFUNDABLE