

COMMERCIAL BUILDING PERMIT APPLICATION

Please complete the first and last page and any other relevant sections



101 Commerce Drive | Exton, PA 19341 | (610) 363-9525 x2157 | permits@westwhiteland.org

Property Information:

Property/Site ADDRESS:			
Date:	Lot Size:	Tax Parcel #:	Zoning District:
Existing Impervious Coverage (sq/ft):		Proposed Impervious Coverage (sq/ft):	
Is Proposed Structure an Historically Designated Property?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is Proposed Structure Within 300' of an Historically Designated Property?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is Historical Commission Approval Required?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the Property located in a Flood Zone?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Owner Name:			
Address:			
Email:			Phone:

General Permit Information:

Proposed Start Date: _____

Proposed Building Use:		Code Edition:	
Proposed Structure Dimensions:			Construction Type:
Setbacks:	Front Yard:	Rear Yard:	Left Yard: Right Yard:
Location of work:	1 st Floor:	2 nd Floor:	3 rd Floor: Automatic Fire Sprinkler System
Basement:	Crawl Space:	Loft Area:	Garage: Required YES: NO:
Type of work:	Demolition	Building	Mechanical Electrical Plumbing
Drainage	Sign	Fire Alarm	Fire Suppression Use & Occupancy
Historical	Flood	Other	New Alt/Repair
Description of Work:			

Occupancy Type: (check one) Assembly Educational High Hazard Industrial/Factory

Institutional Mercantile Office / Business Storage Utility

Building Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Signature Owner/Agent:		Date:	
Total Cost of Improvement:		Total Cost Building Work:	
D/B/A:			
Is Demolition work required?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Removal/installation of UST required		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

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Manufactures Specification / Cut Sheets are required to be submitted with application

Mechanical Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Signature Owner/Agent:		Date:	
Total Cost of Mechanical Work		D/B/A:	
Fuel Source: Electric: _____	Natural Gas: _____	Propane: _____	Oil: _____

Electrical Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Signature Owner/Agent:		Date:	
Description of Electrical Work:			
Total Cost of Electrical Work		D/B/A:	
Electrical Inspector/Plans Examiner:		Date:	
Third Party Fee: UNITED			
Lighting		Size of Service:	
Fixtures/Receptacles/Switches		Life Safety	

Plumbing Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Signature Owner/Agent:		Date:	
Total Cost of Plumbing Work:		Type of Pipe (Cast or PVC)	
Underground Utility Work Required?		D/B/A:	

FLOOR DRAINS MAY NOT BE CONNECTED TO THE PUBLIC SEWER SYSTEM

Water Service: (Check) Public

Private

Sewer Service: (Check) Public

Private (Septic Permit # _____)



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Fire Construction Approval Section: *Includes Emergency Responder System (BDA)*

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Total Cost of Improvement:		Fire Alarm: Monitored Yes No	
No. Audio / Visual Devices:			
No. of Smoke Alarm:	No. of Horn/Strobes:	No. of Pull Stations:	No. of Heat Detectors:
Monitoring Company:		Phone:	
Signature Owner/Agent:			

Fire Suppression Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Total Cost of Improvement:			
D/B/A:			
Replacement/Repair:		New Installation:	
Signature Owner/Agent:		Date:	

Sprinklers:	Type of System	Wet	Dry	Pre-Action	Deluge	Limited Area
Type of Work	New	Relocate	Modify			
Number of Heads:	_____	System Demand:	_____	Stand pipe(s):	_____	
Hydraulically Calculated:	_____	Pipe Schedule:	_____			

Sign Approval Section: *Site Layout with setbacks required to be submitted with application*

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Signature Owner/Agent:		Date:	
Description of Work include installation method:			
Total Cost of Sign:		Type of Sign	
Existing Sign on Property:		Shopping Center:	
Is sign located on Historical Structure or Property:			
Sign Dimensions: Height:		Top Height from Ground:	
Width:			
Electrical Inspector/Plans Examiner:		Date:	



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Flood Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email Address:		Phone:	
Signature Owner/Agent:			Date:
Description of Work:			
Permit #:		D/B/A:	
Is a DEP permit required:			
Flood Permit Conditions Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Flood Administrator:			Date:
Code Officer:			Date:

Historical Commission Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Signature Owner/Agent:			Date:
Cost of Improvement:		D/B/A:	
Historical Site #:			
Historical Commission Conditions Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Historical Commission Officer:			

Zoning Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email:		Phone:	
Zoning Hearing Board Conditions Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		D/B/A:	
Signature Owner/Agent:			Date:
Zoning Officer:			Date:



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Use & Occupancy Approval Section:

Contractor Name:		PA Contractor #:	
Address:			
Email Address:		Phone:	
Signature Owner/Agent:			Date:
Total Cost of Improvement:		D/B/A:	
U&O Fee:			
Occupancy Classification:		Occupant Load:	
Zoning Officer:			Date:
Code Officer:			Date:
Public Works Officer:			Date:

The applicant certifies that all information on this application is correct & the work, if properly submitted, authorized and approved, will be completed in accordance with the “approved” construction documents & PA Act 45 (Uniform Construction Code) & any additional approved building code requirements adopted by the Municipality. The property owner & applicant assumes the responsibility of locating the property lines, setback lines, easements, rights-of-way, flood areas, etc.

Issuance of a permit & approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances & regulations.

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 that 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 Owner/Agent:		Date:	
Print Name of Signature:			

All applications with relevant documents are to be submitted electronically to permits@westwhiteland.org
We accept one hardcopy that may be dropped off or mailed to West Whiteland Township

Please remember to review the *Permit Checklist* for application requirements prior to submitting for review