

Plumbing
Permit # _____

Electrical
Permit # _____

HVAC
Permit # _____

Township of Darby

21 BARTRAM AVENUE

GLENOLDEN, PA 19036

610-586-1514

FAX 610-586-0779

APPLICATION FOR BUILDING PERMIT

DATE _____, 20____

PERMIT NO. _____

USE _____

For erection of new buildings, additions, alterations, repairs, raising, tearing down of any building, removal or part of the same; **WHERE ELECTRICAL AND PLUMBING WORK IS REQUIRED, A PERMIT MUST BE SECURED. NO USE AND OCCUPANCY PERMIT WILL BE ISSUED UNLESS THIS IS ACCOMPLISHED.**

To the Building Inspector – Township of Darby, Delaware County, Pa., the undersigned hereby applies for a permit to:

AT _____
(GIVE EXACT LOCATION OF PROPOSED BUILDING)

at an estimated or contract cost of _____

FRONTAGE

DEPTH

OWNER _____ ADDRESS _____

TOWN

COUNTY

STATE

This is to be used as a _____

The number of persons who may use or accommodate on the several floors are: _____

1st Floor _____ 2nd Floor _____ 3rd Floor _____

Floor Area _____ Square Feet _____

APPROXIMATE DATE OF COMPLETION _____

Approved - Building Inspector

Signature of Builder or Owner

Approved - Board of Commissioners

Address

Telephone Number

Note: the above applications must be accompanied by a permit and inspection fee; a complete plan, showing the size of the lot and the location of the proposed improvements shall accompany this application. No refunds on permits. If work is not started within six (6) months, a new permit must be obtained.

By accepting this permit, the applicant agrees to conform to all existing codes or requirements of the Township of Darby.
PERMIT COST _____

Addendum to Building Permit.

For completion by municipal official.

Municipality _____

Date Issued _____

Permit No. _____

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- ☐ Certificate of Insurance (please attach)
- ☐ Certificate of Self-Insurance (please attach)
- ☐ Affidavit of Exemption

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer _____
or Self-Insurer _____

Address _____

City _____ State _____ Zip Code _____

Policy No. _____ Coverage Period Ends _____

Name of Contractor/Policyholder _____

Address _____

City _____ State _____ Zip Code _____

Contractor/Policyholder's federal or state employer identification number (EIN) _____

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Basis for exemption (check one):

- ☐ Applicant is an individual who owns the property

[over]

☐ Contractor/Applicant is a sole proprietorship without employees

☐ Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please explain:

☐ All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain:

☐ Other. Please explain:

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Applicant's federal or state employer identification number (EIN) _____

Any subcontractors used on this project will be required to carry their own workers' compensation coverage.

The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.

Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/ applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Signature

Name (Please Print)

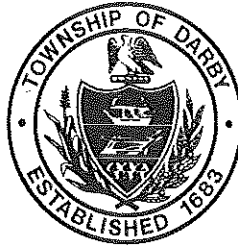
Title

Name of Company

Pennsylvania League of Cities and Municipalities.

Note: Applicant's Copy to be attached to permit and posted.
Municipality's Copy to be filed with its permit copy.

COMMISSIONERS
Lawrence Patterson, President
James J. Sandone, Vice-President
Arnold Covert
John Hennessy
Raymond Pollard



TOWNSHIP OFFICIALS
Paul Strus, Controller
John Dougherty, Treasurer
Loretta Touni, Secretary
John B. Ryan, Jr., Manager

Michael P. Pierce, Esq.
Solicitor

21 BARTRAM AVENUE
GLENOLDEN, PENNSYLVANIA 19036
610-586-1514 • FAX # 610-586-0779

DECK SPECIFICATIONS

ROW HOMES:

1. 12' x 14' - No exceptions.
2. Plans must be submitted.
3. End of rows must have eight foot (8') side yards.
4. 1/4 inch steel poles must be used.
5. Holes must be 24" x 24" x 36". Verified by Code Enforcement Officer.
6. Poles must have 8" x 8" steel plate on bottom.
7. Pole plate must sit on 10" of concrete.
8. Railings are required to be 42" high.

TOWNSHIP OF DARBY

DECKS

INSPECTIONS REQUIRED

1) FOOTINGS

MUST BE 24 INCHES X 24 INCHES AND 36 INCHES DEEP

2) WHEN HEADER ARE ATTACHED TO HOUSE

3) SUPPORT POLES ATTACHED TO HEADER

4) FINAL INSPECTION

PLEASE CALL 610/586-1514 TO SCHEDULE INSPECTIONS
WORK CAN NOT CONTINUE UNTIL INSPECTION IS MADE

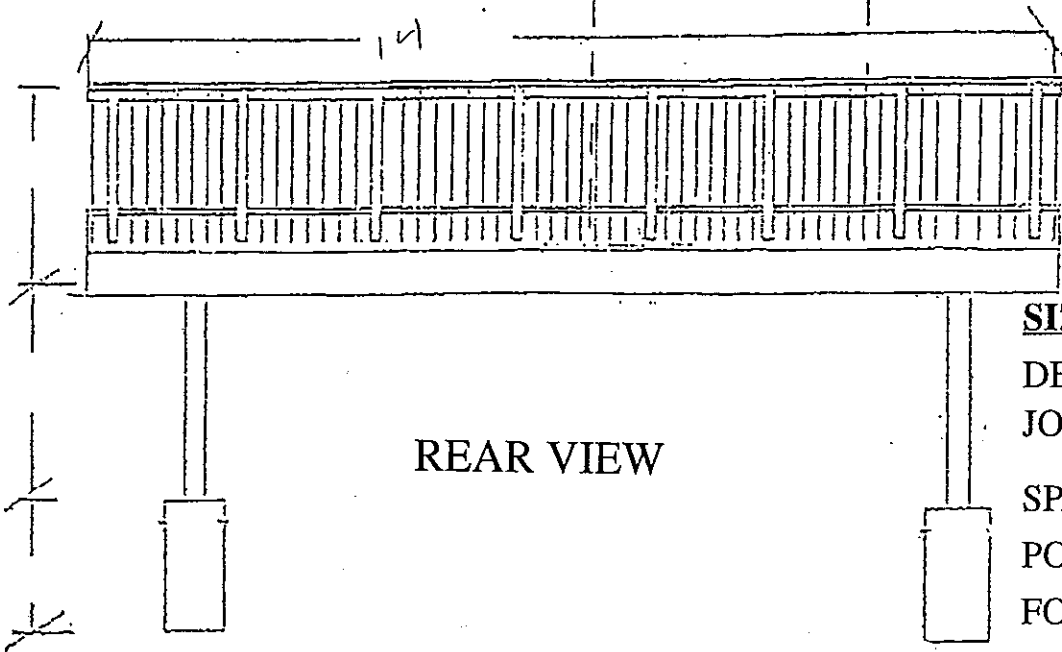
CONTRACTORS MUST BE LICENSED BY TOWNSHIP

DECK DRAWING

LINTEL OPENING _____
SIZE OF DOOR _____
TYPE OF DOOR _____

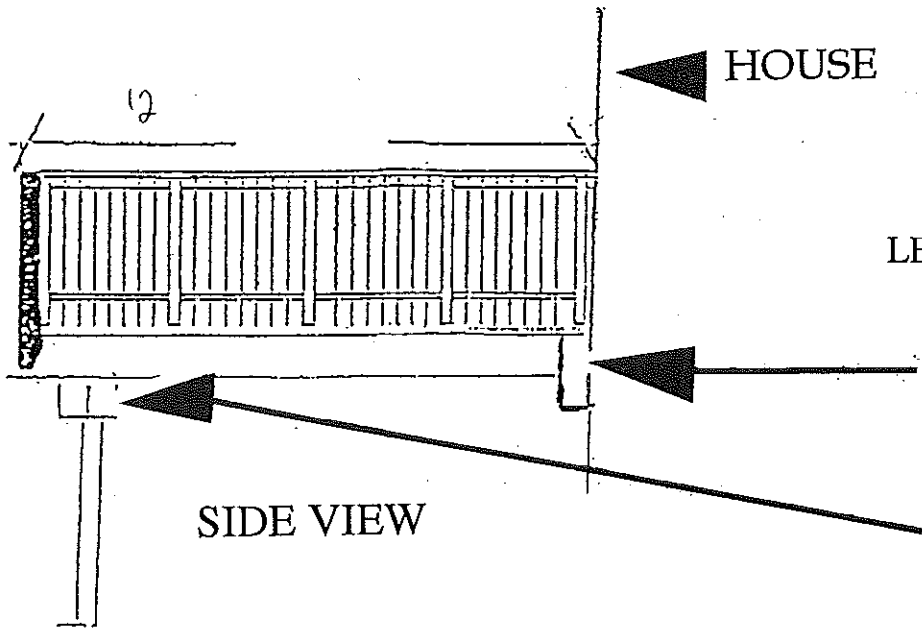
IF NEW OPENING
NEED DETAIL DRAWING

SIZE OF:
TOP RAIL _____
RAILING POSTS _____
SPINDELS _____
SPINDEL SPACING _____



SIZE OF:
DECKING _____
JOIST _____
&
SPACING _____
POST _____
FOOTER _____

STEPS:
STRINGER _____
TREAD SIZE _____
RISER SIZE _____



LEDGER _____
&
DESCRIBE HOW
ATTACHED

ROW

END OF ROW

