



BENSALEM TOWNSHIP

Building and Planning Department
 2400 Byberry Road • Bensalem, PA 19020
 Office 215-633-3644 • Fax 215-633-3753

Uniform Construction Code (UCC) Application For Commercial Building Permits ELECTRONIC FORMAT ONLY REQUIRED

TAX PARCEL #
02-
Permit # _____
Date _____

SUBMIT APPLICATION AND PLANS ON DISC OR VIA EMAIL AT permitcenter@bensalem-township.org
ALL PLANS ARE REQUIRED TO BE SIGNED & SEALED BY A PENNSYLVANIA LICENSED DESIGN PROFESSIONAL

PART I BUILDING PERMIT	Project Name: _____ Lot #: _____
	Street Name & No.: _____ Suite #: _____
	City: _____ State: _____ ZIP: _____
	Project Description: _____

PART II PROJECT DATA	Existing Use: _____
	Proposed Use: _____
	<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration or Renovation <input type="checkbox"/> New Structure/Facility
	ESTIMATED TOTAL COST OF ENTIRE PROJECT: \$ _____
	NEW Construction (sq. ft./floor) _____ Total Sq. Ft: _____ Addition (sq. ft./floor) _____ Total Sq. Ft: _____ Renovated (sq. ft./floor) _____ Total Sq. Ft: _____
	Is this Application Part of an Approved Land Development or Storm Water Management Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO

PART III PLUMBING	TOTAL NUMBER OF FIXTURES: _____
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PART IV HVAC	NOTE: Manufacturers specifications on HVAC units shall be submitted with application.
	TOTAL COST OF HVAC WORK: \$ _____

PART VI ELECTRICAL PERMIT	Service Type: <input type="checkbox"/> Temporary <input type="checkbox"/> New Service	Amps: _____	Phase: _____	Volts: _____
		Amps: _____	Phase: _____	Volts: _____
	ITEM	QTY	ITEM	QTY
	Switches, Receptacles & Lighting		Transformer KVA	
	Heating & Cooking Equipment K.W.		Motors and/or Generators HP	
	TOTAL NUMBER OF METERS: _____			

PART VI FIRE ALARM	TYPE OF SYSTEM: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Sprinkler Monitoring			
	MANUFACTURER of PANEL: _____			
	ALL ALARMS SHALL BE ADDRESSABLE WITH POINT ID			
	ITEM	QUANTITY	ITEM	QUANTITY
	Initiating or Alerting Device		Annunciating Device	
	Control Panel		Transmitter	
	CENTRAL STATION INFORMATION:			

SPRINKLER SYSTEM Details	Type Of System: _____
	Monitoring Company Name: _____
	Monitoring Company Phone No: _____
	Total No. of Components _____

ALTERNATIVE EXTINGUISHING SYSTEM	Type of System: _____		
	Describe Special _____		
	Item	Quantity	Description
	Nozzles/Heads		
	Manual Operation Devices		
		Smoke Detectors	
Interconnected to Fire Alarm System: <input type="checkbox"/> YES <input type="checkbox"/> No			
FIRE HYDRANT & UNDERGROUND MAIN	MANUFACTURER of HYDRANT: _____		
	No. of Hydrants: _____		
STANDPIPE	Type of System: <input type="checkbox"/> Wet <input type="checkbox"/> Dry		No. of Outlets: _____
	Class of System: _____		
	Number of Risers: _____		
FIRE PUMP	Manufacturer of Fire Pump: _____		
	Size of Fire Pump: _____		<input type="checkbox"/> Diesel <input type="checkbox"/> Electric
	Model Number: _____		Rating of Pump: _____

APPLICANT'S CERTIFICATION

As the owner or the authorized agent of the project for which this application is filed, I certify that:

1. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been issued by the Department of Building and Planning.
3. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405
4. Any changes to the approved documents will be filed with the Department of Building and Planning.
5. If the licensed architect or engineer in responsible charge of this construction should change, then written notice of the change shall be provided to the Department of Building and Planning.
6. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expanded to provide an accessible route to the area of primary function.
7. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.

Applicant's Name:	_____
Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone Number:	Email Address: _____
Date:	Applicant's Signature: _____

DESIGN PROFESSIONAL In Responsible Charge	Name: _____
	Address: _____
	City: _____ State: _____
	ZIP Code: _____ Phone No. _____
	License No: _____ Fax: _____
	Email: _____

CONTRACTOR LIST

TYPE	NAME	ADDRESS	PHONE	License #
General				
Electrical				
Plumbing				
HVAC				
Other				

NOTIFY THIS OFFICE WHENEVER A CHANGE IN CONTRACTORS OCCURS