Borough of DoylestownDepartment of Building and Zoning

Commercial Building Permit Application

PROPERTY INFO	RMATIO	N: (If applicant is tenant	, owner lette	r required)		
Property Addre	ess:	a Mit		Tax ID Number:		
Property Owne	r Name:			Owner Phone:		
Property Owne				-		
Cell or Business						
CONTRACTOR'S	INFORM	ATION:				
Company Name		Alloli.		Phone:		
Company Addr				rnone.		
Contact Name				Contact Phone:		
		IFODRAATION.		Contact Phone:		
ARCHITECT/ENG	SINEEK IIV	IFORMATION:		DI estantes		
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name: Phone:					
Address:				Registration No:		
Total of the state		TERISTICS: (Attach 2 c		plan and architectural plans. Attach signed Application checklist)		
Zoning District:			Historical	District: Y or N		
Lot Size:	Sq. Ft		Coverage	%		
Lot Dimensions	: Front:	Side:	Re	ear: Side:		
Setbacks:	Front:	Side:	Re	ear: Side:		
Existing:				Proposed:		
Building Area:	sft	Building Height:	ft.	Building Area: sft. Building Height: ft.		
Floor Area:	sft	No of Stories:		Floor Area: sft. No of Stories:		
PLUMBING: (A	ttach Pla	ns/Specs)		MECHANICAL: (Attach Plans)		
Circle One: Alte		Repair Addition Nev	v Const	Circle One: Alteration Repair Addition New Const		
Master Plumber	Name:			Name:		
Company:				Company:		
Address:				Address:		
Phone:	ш	Reg #	Lu .	Phone:		
Item Special Waste	#	Item Disposal	#	Total Fee:		
Dishwasher		Tank/Heater	-	ENERGY CONSERVATION: (Attach Plans)		
Toilet		Clothes Washer		R-Factors Walls: Ceiling: Floors:		
Humidifier		Laundry Tray		U-Factors Windows: Skylights: Doors:		
Urinal/Bidet		Showers		Green Points:		
Rain Leader				Other Related Permits Needed:		
Sink				Sprinklers Pool		
Floor Drains		Size		Fireplaces/Woodstoves Fence		
Basin		Size		Road Opening Other		
Ejector Pump		Size				
Sump Pump		Size		Work Description:		
Other						
Total Fixtures						
ELECTRICAL: (
Circle One: Alte	eration F	Repair Addition Nev	v Const			
Name:				Total Cost of Project:		
Company: Phone:				Mechanical:		
Address:				Electrical:		
Separate underwriters inspection required				Plumbing:		
Total Fee:				Building(Total Less Mechanical, Electrical & Plumbing:		

Phone: (215) 345-4140

DoylestownBorough.net

Borough of Doylestown

Department of Building and Zoning Commercial Building Permit Application

Certification: I hereby certify that I am the owner of the subject property, or I am authorized by the owner to make this application, and that the work is authorized by the owner. I agree to comply with the Borough of Doylestown Code of Ordinances and the laws of the County of Bucks and the Commonwealth of PA. ACT 45 (UCC). If a permit is issued as a result of the application, the Building Inspector is authorized to enter the property covered by such permit at any reasonable hour to inspect the work and enforce the provisions of the code. I understand I am responsible for scheduling all inspections.

Signature: Print Name:				Date:	
APPLICATION PRO	OCESSING RECORD (Bor	ough Office Us	e Only) Fee & Es	crow Due Upor	Submission
Permit Number	Water Tapping Fe	ee	Escro	w Fee for New C	Connection:
	Zoning				
	New Construction	1			
	Renovation				
	Addition				
	Electrical				
	HVAC		2		
	Plumbing	Total fixtures:	: x \$15 =	+ \$200 =	Total fee:
	L&I Fee				
Total fac:	Others:	A Nicona le e es		_n	Ohanda Nessala ass
Total fee:		k Number:	Es	crow:	Check Number:
Rec'd Date:	Rec'd Initials				S 10.79 10.01
HARB:	DEP:			Green P	ts Meeting:
ZHB:	BCW	S:		Accessil	oility Plans
Site Plans					
Architectural Pla	ans:				
Plumbing Schei	110007.V7700 ()				
Shadow Plan:	nauo.				
	ildia y Dawelt and Ass				
2 Checklists (Bi	uilding Permit and Acc	cessibility)			
APPLICATION RE	VIEW RECORD (Boroug	h Office Use Or	nly)		
Date of Revie	ew: Rev	viewer Signa	iture:		
Permit is:	Approved Den	ied Retu	rned Othe	er:	
Comments/Cond	litions:				



Borough of Doylestown Building and Zoning Department 57 West Court Street, Doylestown, PA 18901 215.345.4140

YOU MUST COMPLETE THIS CHECKLIST AND ATTACH IT TO YOUR APPLICATION

Complete this application checklist by:

- 1. Writing the plan sheet number (or page number) where the listed information can be found in your application.
- 2. Check each box on the checklist to confirm that item is attached or shown on the plans on the sheet you referenced.
- 3. Signing the checklist on the last page.

Before submitting your permit and plans please double check that you have included the required information. More detail is better than less, and incomplete submissions will delay your permit.

A. Zoning/Site Plan (minimum scale than 20' = 1")

Provide 2 copies of the plans showing all of the following:

pplicant	
	Zoning/ Site Plan information is on sheet or page
	Name, address, and phone number of applicant and owner
	Address of site (location of the work)
	Note on plan as to whether property is/is not in HARB . (Circle One)
	North arrow & drawing scale
	Property lines & dimensions (measurements)
	Setback lines to indicate required yards
	Exiting improvements on the land and their dimensions- i.e. house, porch, deck, shed, driveways
	Proposed improvements and their dimensions- clearly indicated that this is the proposed work
	Distances from any existing and proposed structures to the property lines
	Streets and alleys (with labels)
	Driveway location and information
	Sidewalks, curbs, curb cuts, ramps, street lights, parking meters,
	Location and square footage of all structures on the property
	Total square footage of existing living space and square footage of proposed additional space
	Trees with trunk diameter of 6" or more that are located within 50 foot of proposed work
	Show all accessible parking spaces and signage per ICC/ANSI A117.1 and the International Building
	Code on site plan
	Show accessible curb cuts, ramps and access ways to the building
	Show all buffer and screening landscaping.

Com	mercial Building and Zoning Permit Application Package				
	Show trash enclosure and location				
	Show all required parking and loading spaces and calculations				
D D	wilding Dlane (Dueferund and 1/1/ – 1/)				
	uilding Plans (Preferred scale ¼" = 1')				
Provi	de 2 copies of the plans showing all of the following:				
Applicant					
	Floor plan information is on sheet(s) or page(s)				
	Structural plan information is on sheet(s) or page(s)				
	Foundation plan information is on sheet(s) or page(s)				
	Sectional detail is on sheet(s) or pages(s)				
	Window and door schedule is on sheet(s) or pages(s) Code review is on sheet or page				
	Name, address, and phone number of applicant and owner				
	Address of site (location of the work).				
	Drawing scale				
	Building elevations for each side of structure				
	Floor plan for each floor (including basement and attic) including square foot and room use				
	identification				
	Smoke detector placement is indicated in the floor plans				
	Necessary egress windows are labeled as such the floor plans				
	Foundation plans including all vapor barriers, insulation, and construction materials				
	Crawlspace and attic ventilation information				
	Type and location of all anchorage hardware, including specific type hold downs and hurricane straps				
	Beam, header, girder, columns and post sizes and material				
	Directions, size, support, placement, and spacing for all ceiling, framing, and roofing members				
	Window and door schedule showing all sizes and energy efficiency information				
	Stairways and handrails with measurements				
	Floor and wall assemblies and treatment of any penetrations				
	Fire separations and ratings				
	Sectional view showing detail of footings through roof				
	Header sizes and materials, include design calculations for any header longer than 6 foot.				
	Dimensions of all required access openings				
	Identify all construction materials				
	Show all required energy efficiency features (For additions attach ComCheck sheet)				
	Provide basement percentage-below-grade calculations.				
	Indicate roof slopes and drainage systems				
	Show fixed seating for assembly occupancy to allow determination of occupancy posting required by				
	International Building Code.				
	All penetrations of fire-rated construction must be per manufacturer's details. The details shall meet				
	or exceed the rating of construction being penetrated. The penetration details shall be exactly as				
	tested by an approved testing laboratory or agency and shall include their system numbers. New penetrations of existing fire-rated walls and assemblies shall be shown with appropriate designs.				
	Provide on the drawings the calculations for the means of egress widths for the entire floor occupancy				
	load and the existing capacity of all exits including all stairs, doors, corridors and ramped exits.				
	Show required ventilation louvers and vent sizes.				
	If appropriate for the proposed occupancy, plans should identify all hazardous material control areas,				
	fire barriers and the required fire-resistance ratings for these barriers. All identified control areas shall				

list the name, class, quantity and method of storage of all hazardous materials processed, manufactured or used in a manufacturing process and contained within its fire barriers. Provide a Material Safety Data Sheet for each listed hazardous material. See sections 414 and 415 of the International Building Code.

C. Plu	mbing Plans (Preferred scale ¼" = 1')
Provide	e 2 copies of the plans showing all of the following:
R A	Plumbing plan information is on sheet(s) or page(s) Riser diagram is on sheet(s) or page(s) All fixtures are shown All pipe and venting is shown Dimensions of all required access openings Manufacturers specifications are included for any mechanical vents
	echanical Plans (Preferred scale ¼" = 1') e 2 copies of the plans showing all of the following:
N L S C Ir g	Mechanical plan information is on sheet(s) or page(s) Manufacturers spec sheets are attached for any piece of equipment being installed location, type and fuel source for all mechanical equipment shown location and CFM of all mechanical ventilation shown location of all ventilation openings loigrams of all duct work location and fire alarms. If the following applicable life safety systems: emergency generators, smoke evacuation, shaft pressurization and relief, smoke detection, egress and emergency ighting, and fire alarms.
	ctrical Plans (Preferred scale ¼" = 1') e 2 copies of the plans showing all of the following:
☐ P	Electrical plan information is on sheet(s) or page(s) Provide panel schedules with circuit and feeder loading, overcurrent protection, and NEC load ummaries for all new and/or affected panels and services (loading has to be evaluated by highest phase); include fault current data, short circuit ratings and fault current protection co-ordination.
☐ L	ocation and type of all outlets, switches and fixtures Provide a single line riser diagram showing all new and/or affected services, feeders, wire sizes and insulation types, and conduit sizes and types.
□ A	All submittals should include a listing and labeling statement. (All electrical materials, devices, appliances and equipment shall be labeled and listed by a certified testing laboratory or agency.)
	e Protection Plans (Preferred scale ½" = 1') e 2 copies of the plans showing all of the following:
	Complete a sprinkler design data sheet and include it on the first plan of the sprinkler drawings. Show floor plans for each floor with sprinkler piping layout, pipe sizes, pipe hanger details, piping materials, doors, walls and room identities.

Comme	ercial Building and Zoning Permit Application Package
	Show ceiling plans with sprinkler head(s) layout, walls, soffits, openings, doors, dimensions and room identities.
	Verify system design by providing hydraulic calculations along with the following: • Recent water flow test
	percent safety margin
	Type of backflow-preventer or reduced pressure zone showing equivalent foot loss
	Fire pump summary
	Note the type of sprinkler system used (e.g., 13, 13D, or 13R)
	Indicate the certified testing laboratory agency (e.g., U.L.), their test number and hourly ratings of all new and/or affected rated members and assemblies (i.e. columns, beams, floor/ceiling and ceiling/roof fire-rated design assemblies). Show all new and/or affected fire-rated walls with their ratings, if not shown elsewhere.
	All penetrations of fire-rated construction must be per manufacturer's details. Details shall meet or exceed ratings of construction being penetrated. Penetration details shall be exactly as tested by a certified testing laboratory or agency and shall include their system numbers. All new penetrations of existing fire-rated walls and assemblies shall be shown with appropriate designs.
	Provide a fire alarm riser showing connection to a UL-approved central station. Show tamper switches on both OS and Y valves of backflow prevention device, unless shown elsewhere.
	Indicate commodity class (per section 2303 of the International Fire Code) and height of any storage. Provide Material Safety Data Sheets for any hazardous materials (also specified under Architectural Plans.
	Where special temperature-rated or high-temperature sprinklers are required, show sprinkler type(s) per area, office size, cut sheets with K-factor, water requirements, spray pattern, coverage and other pertinent data.
	SYSTEM CALCULATIONS (FIRE PROTECTION) Calculations for hydraulic systems should include: • Flow and pressure at each flowing sprinkler head • Flow diagram for a grid system.
	essibility Plans (Preferred scale ¾" = 1') 2 copies of the plans showing all of the following:
pplicant	
☐ Al	Il accessible features of building, including routes both interior and site, entrances and means of egress, areas of refuge, facilities and elevations, hardware, handrail
□ D	amps and other requirements for an accessible building per IBC and ICC/ANSI A 117.1 imensions and exact locations for all fixtures and controls imensions, content and locations of all signage
H. Req	uired Documentation From Other Agencies
	er connection permit or letter from BCWS copy attached 537 planning module exemption letter received from PA DEP and copy attached

Commercial Building and Z	Zoning Permit Application Package	
Applicant signature:		Date:
Space Below For Build	ling Department Use Only:	
Plans are:		
Approved		
Denied		
Returned for noted here:	more information on above iter	ns that have been highlighted or are

Bucks County Water and Sewer Authority 1275 Almshouse Road Warrington, PA 18976 Telephone: 215-343-2538 Toll Free: 800-222-2068 Fax: 267-200-0339	Date:
RE:	(Project address)
To Bucks County Water and Sewer:	
I am applying to Doylestown Borough for a bu	ilding permit for my property at
	, Doylestown Borough.
The application is to perform the following wor	k: (describe in detail)
Please issue a determination of the expected i system. Thank you,	impact of the application on the current wastewater

Applicant Signature

Applicant Address: Applicant Phone: Applicant Email:

Applicant Name