



1130 N. Bethlehem Pike  
Spring House, PA 19477  
215.646.5302 (p) 215.646.3357 (f)

### **APPLICATION FOR PERMIT**

*(All below relevant fields must be filled out prior to submission)*

**Parcel Information (must be filled out for all work):**

**Address of work to be performed:** \_\_\_\_\_

Property Type:  Residential     Commercial    Zoning District: \_\_\_\_\_

Parcel Owner Name: \_\_\_\_\_

**(copy of signed contract must be included with submission)**

Parcel Owner Address: (if different than address listed above)

\_\_\_\_\_ Parcel Owner Phone: \_\_\_\_\_

Parcel Owner Email: \_\_\_\_\_

Contractor Information (current COI is required with each submission):

Business Name: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

HIC PA License #(residential work): PA \_\_\_\_\_ LGT Contractor License # (commercial work): C- \_\_\_\_\_

Architect/Engineer information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Zoning Information: (a site plan showing existing setbacks to be included with submission)**

Zoning District: \_\_\_\_\_ ZHB Approval Received: Yes ( ) N/A ( ) (copy of Decision & Order to be attached)

% of Current Impervious Coverage \_\_\_\_\_ % of Proposed Impervious Coverage: \_\_\_\_\_

Lot Frontage (width): \_\_\_\_\_ Lot Depth: \_\_\_\_\_

Current Front Yard Setback: \_\_\_\_\_ Current Rear Yard Setback: \_\_\_\_\_ Current Side Yard Setback: \_\_\_\_\_

Proposed Front Yard Setback: \_\_\_\_\_ Proposed Rear Yard Setback: \_\_\_\_\_ Proposed Side Yard Setback: \_\_\_\_\_

Height of Proposed Building: \_\_\_\_\_

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**Building Permit Information:**

**Type of construction (check off all that apply):**

New Construction (new homes require separate breakdown sheet of sq. footage of each level/patio/deck/garage/attic or crawl spaces)

Pre-Submission Plan Review (Commercial)    Pre-Submission Plan Review (Single Family Residential)

Kitchen Alteration                                   Oil Tank

Reroof Commercial                                   Reroof Residential (required only if sheathing is being replaced)

Alteration/Addition                                   Sheds (over 200 sf)

Antenna/Cell Tower                                   Solar Panels

Accessory Structures (decks, garages, porches, pavilions etc..)

Bathroom Remodel                                   Swimming Pools, Tennis/Basketball Courts/Other Recreational Uses

Demolition (SEE ATTACHED REQUIREMENT LIST)    Storage Tank

Gas Fireplace                                   Stucco/Siding

Generator (see generator requirement sheet)    Tenant Fit-Out

Interior Renovation (attach worklist)    Tents (open sides > 700 sf / closed sides > 400 sf)

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Sq. footage of work to be performed: \_\_\_\_\_ Cost of work: \$ \_\_\_\_\_

Type of Sewage:  Public/Private    Individual (septic tank etc.)   Type of Water Supply:  Public/Private    Well

Automatic Fire Sprinkler System Installed    Yes    No   Fire Alarm    Yes    No

Proposed Number of Employees: \_\_\_\_\_ Proposed Parking Spaces: \_\_\_\_\_

**Description of work:** \_\_\_\_\_

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Approved By BCO: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ LGT PERMIT # \_\_\_\_\_

**Electrical Permit Information:**

Electrical Contractor Information (current COI is required with each submission)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

LGT Current Master Electrician License #: EL-\_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cost of Work: \$ \_\_\_\_\_

Description of Electrical Work to be Performed:

\_\_\_\_\_

\_\_\_\_\_

Electrical Inspection Agency **(all electrical plans must have a third-party stamp prior to submission)**:

- Middle Department Inspection Agency       Middle Atlantic Electrical Inspections
- Code Inspections       Bureau Veritas North America
- United Inspection Agency

*I do hereby attest that the information provided on this application is true and that I am versed in the National Electric Code and the Lower Gwynedd Township Electrical Ordinance; further, I understand that I am responsible for meeting the requirements of these codes on all work performed in Lower Gwynedd Township.*

Signature of Master Electrician: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By BCO: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LGT Permit #: \_\_\_\_\_

## Plumbing Permit Information:

Plumbing Contractor Information (current COI is required with each submission)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

LGT Current Master Plumber License #: P- \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cost of Work: \$ \_\_\_\_\_

**BELOW FIXTURE TABLE MUST BE FILLED OUT:**

FLOORS	YARD	BASEMENT	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>	6 <sup>TH</sup>	7 <sup>TH</sup>	8 <sup>TH</sup>	9 <sup>TH</sup>	10 <sup>TH</sup>	TOTAL:
Toilets													
Bath Tubs													
Shower/Bath													
Lavatories													
Sinks													
Wash Tubs													
Slop Hopper													
Urinals													
Outlets													
Drainage Wells													
*\$35 Garbage Grinder													
*\$150 Ejector Pump													
Gasline LP/NG													
Water Heater													
BYPASS METER													

*All proposed work under this application must be shown on plans and section. All vertical lines of soil, waste, leader and refrigerator pipes shall be designated by numbers or letters. A soil or waste line and its attendant vent line may be considered as one stack and so numbered or lettered. All work, materials and construction will be in accordance with the rules and regulations of the plumbing code. I do hereby attest that the information provided on this application is true, and that I am versed in the Lower Gwynedd Township Plumbing Ordinance; and further, I understand that I am responsible for meeting the requirements of these codes on all work performed in Lower Gwynedd Township*

Approved By BCO: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ LGT PERMIT # \_\_\_\_\_



**DETERMINING THE DIAMETER OF NG/LP PIPING**

TOTAL BTU'S OF NG/LP APPLIANCES (INCLUDING GENERATOR) IN BUILDING: \_\_\_\_\_

TOTAL BTU'S ON DEDICATED LINE: \_\_\_\_\_

INLET PRESSURE: \_\_\_\_\_ OR \_\_\_\_\_

W.C. INCHES

PSI

# FT OF PIPE RUN PROPOSED: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

# FT.

#BENDS X (FACTOR)

TOTAL # FT.

**FACTOR**

GENERAC AND HONEYWELL NG AND LP ADD 2.5 FT. FOR EACH BEND

KOHLER NG AND LP ADD 8 FT. FOR EACH BEND

**GAS PIPING MATERIAL PROPOSED (PLEASE CHECK MATERIAL PROPOSED)**

GALV \_\_\_\_\_ PLASTIC \_\_\_\_\_ CSST \_\_\_\_\_ - TUBE SIZE(EHD) \_\_\_\_\_ COPPER \_\_\_\_\_

DIAMETER GAS PIPING PROPOSED: \_\_\_\_\_

**NOTES:**

- A. PRESSURE TEST OF 1.5x THE OPERATING PRESSURE FOR NG/LP REQUIRED (PERFORMED IN THE PRESENCE OF CODE INSPECTOR);
- B. GALVANIZED PIPE MUST BE A MINIMUM OF 3-1/2" ABOVE GROUND;
- C. PLASTIC, COPPER NOT PERMITTED ABOVE GROUND UNLESS SLEEVED; CSST MUST BE SLEEVED IF INSTALLED BETWEEN GROUND AND A HEIGHT OF 6' FEET.

## Increase of Natural Gas Load

The information contained on this form is required to process your request to increase your natural gas load. Please complete this form and return as follows:

<b>Delaware, York, &amp; Chester Counties &amp; Lower Merion mail to:</b> 1060 W. Swedesford Rd, Berwyn, PA. 19312 OR FAX to 610-648-7771 delchesternewbusiness@exeloncorp.com  <b>QUESTIONS? CALL 1-800-454-4100</b>	<b>Bucks &amp; Montgomery counties mail to:</b> 400 Park Av, Warminster, PA. 18974 OR FAX to 215-956-3240 bucksmontnewbusiness@exeloncorp.com  <b>QUESTIONS? CALL 1-800-454-4100</b>
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From: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 \_\_\_\_\_

1. Please provide the following information for the location of the gas service.

Note: If additional meter sets are required, please supply the billing information.

Customer Info:  Own Property  Lease Property

Square Footage of home \_\_\_\_\_

Customer Name \_\_\_\_\_  
 Service Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Acct. Number \_\_\_\_\_

Contractor 's Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

2. \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL

3. TYPE OF BUSINESS: (COMMERCIAL ONLY)

- Separation of piping (need additional meter set (s))
- New Increase in Load
- New Increase in Pressure

- Retail Store
- Office/Commercial
- Restaurant
- Warehouse
- Institutional
- Governmental
- Industrial
- Other

**\*\*PLEASE NOTE THAT ALL REQUESTS FOR ADDITIONAL LOAD TO PECO GAS SYSTEMS MUST BE REVIEWED FOR CAPACITY. DO NOT INSTALL ANY NEW GAS FIRED APPLIANCES WITHOUT FIRST CONSULTING WITH A PECO REPRESENTATIVE\*\***

4. EQUIPMENT LIST ITEMIZATION Will "heating load" Be added (i.e.: furnace, boiler, IR heater, rooftop heater)? Will "process load" be added (i.e.: water heater, paint dryers, fryer, grills)? Please provide the BTU input for EACH PIECE of equipment to be installed.

<b>New</b>	Btu Input	<b>Existing</b> (Boiler, Furnace, WH, Grill)	BTU Input
<b>Sample: Pool Heater</b>	<b>400,000 BTU's</b>	<b>Sample: Furnace</b>	<b>100,000 BTU's</b>
<b>TOTAL NEW</b>		<b>TOTAL EXISTING</b>	

5. WHICH NATURAL GAS DELIVERY PRESSURE IS REQUIRED TO YOUR BUILDING:

- LOW 6" w.c. (0.21 PSIG)    12.2" w.c. (0.44 PSIG)    2 PSIG    5 PSIG    10 PSIG    LINE

\_\_\_\_\_

**HVAC Permit Information:**

**RESIDENTIAL WORK: ATTACHED ACCA FORM AND MANUAL CALCULATION MUST BE SUBMITTED WITH YOUR APPLICATION**

**COMMERCIAL WORK: ALL INFORMATION REQUIRED TO DETERMINE CODE COMPLIANCE MUST BE PROVIDED WITH YOUR APPLICATION (Lower Gwynedd Contractor's License is required for all commercial work)**

HVAC Contractor Information (current COI is required with each submission)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

HIC PA License # (residential work): PA \_\_\_\_\_ LGT Contractor License #: C- \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cost of Work: \$ \_\_\_\_\_

Description of HVAC Work to be Performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LGT PERMIT # \_\_\_\_\_

Permit Package Approved By BCO: \_\_\_\_\_

Date: \_\_\_\_\_

Zoning Officer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Residential Plans Examiner Review Form for HVAC System Design (Loads, Equipment, Ducts)

Form  
RPER 1.01  
8 Mar 10

County, Town, Municipality, Jurisdiction  
Header Information

Contractor \_\_\_\_\_  
Mechanical License # \_\_\_\_\_  
Building Plan # \_\_\_\_\_  
Home Address (Street or Lot#, Block, Subdivision) \_\_\_\_\_

### REQUIRED ATTACHMENTS<sup>1</sup>

Manual J1 Form (and supporting worksheets):  
or MJ1AE Form<sup>2</sup> (and supporting worksheets):  
OEM performance data (heating, cooling, blower):  
Manual D Friction Rate Worksheet:  
Duct distribution system sketch:

### ATTACHED

Yes  No   
Yes  No   
Yes  No   
Yes  No   
Yes  No

## HVAC LOAD CALCULATION (IRC M1401.3)

### Design Conditions

#### Winter Design Conditions

Outdoor temperature \_\_\_\_\_ °F  
Indoor temperature \_\_\_\_\_ °F  
Total heat loss \_\_\_\_\_ Btu

#### Summer Design Conditions

Outdoor temperature \_\_\_\_\_ °F  
Indoor temperature \_\_\_\_\_ °F  
Grains difference \_\_\_\_\_ Δ Gr @ \_\_\_\_\_ % Rh  
Sensible heat gain \_\_\_\_\_ Btu  
Latent heat gain \_\_\_\_\_ Btu  
Total heat gain \_\_\_\_\_ Btu

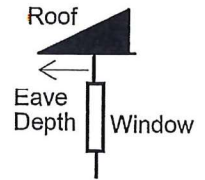
### Building Construction Information

#### Building

Orientation (Front door faces) \_\_\_\_\_  
North, East, West, South, Northeast, Northwest, Southeast, Southwest  
Number of bedrooms \_\_\_\_\_  
Conditioned floor area \_\_\_\_\_ Sq Ft

#### Windows

Eave overhang depth \_\_\_\_\_ Ft  
Internal shade \_\_\_\_\_  
Blinds, drapes, etc  
Number of skylights \_\_\_\_\_



## HVAC EQUIPMENT SELECTION (IRC M1401.3)

### Heating Equipment Data

Equipment type \_\_\_\_\_  
Furnace, Heat pump, Boiler, etc.  
Model \_\_\_\_\_  
Heating output capacity \_\_\_\_\_ Btu  
Heat pumps - capacity at winter design outdoor conditions  
Auxiliary heat output capacity \_\_\_\_\_ Btu

### Cooling Equipment Data

Equipment type \_\_\_\_\_  
Air Conditioner, Heat pump, etc  
Model \_\_\_\_\_  
Sensible cooling capacity \_\_\_\_\_ Btu  
Latent cooling capacity \_\_\_\_\_ Btu  
Total cooling capacity \_\_\_\_\_ Btu

### Blower Data

Heating CFM \_\_\_\_\_ CFM  
Cooling CFM \_\_\_\_\_ CFM

## HVAC DUCT DISTRIBUTION SYSTEM DESIGN (IRC M1601.1)

Design airflow \_\_\_\_\_ CFM  
External Static Pressure (ESP) \_\_\_\_\_ IWC  
Component Pressure Losses (CPL) \_\_\_\_\_ IWC  
Available Static Pressure (ASP) \_\_\_\_\_ IWC

Longest supply duct: \_\_\_\_\_ Ft  
Longest return duct: \_\_\_\_\_ Ft  
Total Effective Length (TEL) \_\_\_\_\_ Ft  
Friction Rate: \_\_\_\_\_ IWC

Duct Materials Used (circle)  
Trunk Duct: Duct board, Flex, Sheet metal,  
Lined sheet metal, Other (specify) \_\_\_\_\_  
Branch Duct: Duct board, Flex, Sheet metal,  
Lined sheet metal, Other (specify) \_\_\_\_\_

ASP = ESP - CPL

Friction Rate = (ASP × 100) ÷ TEL

I declare the load calculation, equipment selection, and duct system design were rigorously performed based on the building plan listed above, I understand the claims made on these forms will be subject to review and verification.

Contractor's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Contractor's Signature \_\_\_\_\_

Reserved for use by County, Town, Municipality, or Authority having jurisdiction.

<sup>1</sup> The AHJ shall have the discretion to accept Required Attachments printed from approved ACCA software vendors, see list on page 2 of instructions.

<sup>2</sup> If abridged version of Manual J is used for load calculation, then verify residence meets requirements, see Abridged Edition Checklist on page 13 of instructions.





# Residential Energy Efficiency Worksheet – 2018

2015 IRC, 2015 IECC & PA Alternative Residential Energy Provisions

Address of Project: \_\_\_\_\_ Building Permit #: \_\_\_\_\_

Print Name-Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PA UCC Energy Compliance Path (Check One)

- 1. Pennsylvania Alternate Energy Provisions – Choose Entry Option on Page #2
- 2. IRC Chapter 11
- 3. IECC – Chapter 4
- 4. Above Code Program -REScheck or other: \_\_\_\_\_

### Insulation and Fenestration Requirements by Component (PA Alternate & IRC Chapter 11)

Wood Frame Walls (R-value)	<b>R-20</b> cavity or <b>R-13</b> cavity + <b>R-5</b> insulated sheathing
Ceilings with Attic Space (R-value)	<b>R-49</b> ( <b>R-38</b> approved if not compressed over wall top plates)
Ceilings without Attic Space (R-value)	<b>R-30</b> where roof/ceiling assemblies do not allow <b>R-38</b> <u>Limited to lesser of 500 square feet or 20% of area - IRC only</u>
Floors (R-value)	<b>R-30</b> (or insulation to fill framing cavity, min R-19) <b>R-19</b> permitted in basement floors per PA Alt.
Basement Walls (R-value)	IRC <b>R-15</b> continuous insulation or <b>R-19</b> cavity insulation PA Alt. <b>R-10</b> continuous insulation or <b>R-13</b> cavity insulation
Crawl Space Walls (R-value)	IRC <b>R-15</b> continuous insulation or <b>R-19</b> cavity insulation PA Alt. <b>R-10</b> continuous insulation or <b>R-13</b> cavity insulation
Unexcavated Foundation (R-value)	<b>R-10</b> to a depth of 2 feet (add <b>R-5</b> if slab heated)
Mechanical System Piping	<b>R-3</b> HVAC piping <55 deg or > 105 deg
HVAC Duct Insulation	Attic Ducts <b>R-8</b> for 3” diameter & greater, <b>R-6</b> less than 3” Other Ducts <b>R-6</b> for 3” diameter & greater, <b>R-4.2</b> less than 3” No insulation required for ducts completely inside thermal envelope
Window & Door (U-factor)	<b>0.32</b> maximum ( <b>15</b> sqft. window exemption) <u>(Opaque Door Exemptions - <b>24</b> sq. ft. IRC, <b>54</b> sq. ft. PA Alt.)</u>
Thermally Isolated Sunroom	<b>R-24</b> Ceilings, <b>R-13</b> Walls, <b>0.45</b> Glazing U-factor
Recessed Lights in Thermal Envelope	IC rated and <i>labeled</i> ASTM E283
Lighting Equipment	Minimum <b>75% high-efficacy lamps</b> in permanent light fixtures

**Air Leakage – Building Thermal Envelope.** Building envelope air tightness and insulation installation shall be demonstrated to comply with one of the following options. **Testing does not apply to additions & alterations.**

- Testing of Building Thermal Envelope.** Tested air leakage is less than **5 ACH** when tested with a blower door at a pressure of 50 Pascals (0.007 psi) in accordance with RESNET/ICC380, ASTM E779 or ASTM E1827. Testing shall occur after rough in and after installation of penetrations of the building envelope, including penetrations for utilities, plumbing, electrical, ventilation and combustion appliances. See IRC Section N1102.4.1.2 or PA Alt. 304.1.2 for complete requirements.
- Approved Testing Agency (RESNET Certified or BPI Envelope Specialist) providing evidence of blower door testing or Contractor performing testing with Lower Gwynedd Township Code Official present

**Duct Sealing.** Ducts, air handlers, filter boxes and building cavities used as ducts shall be sealed. Joints and seams shall comply with the 2015 IMC or IRC Section M1601.4.1.



# Residential Energy Efficiency Worksheet – 2018

## 2015 IRC, 2015 IECC & PA Alternative Residential Energy Provisions

**Duct Testing.** Please choose either Option 1, 2a or 2b for duct tightness testing, or the exception if it applies. Choose one of the following: (duct testing applies to additions and alterations only when new HVAC system(s) installed)

**Rough-In Test Options.** (Partial system testing is not permitted. i.e. ducts in exterior walls)

- Option 1a. **Rough-in test (Air handler installed):** Total leakage shall be less than or equal to 4 cfm (113.3 L/min) per 100 sq.ft. (9.29 m<sup>2</sup>) of conditioned floor area when tested at a pressure differential of 0.1 inch w.g. (25 Pa). IRC Section N1103.3.4 or PA Alternative Section 402.3
- Option 1b. **Rough-in test (no air handler):** Total leakage shall be less than or equal to 3 cfm (85 L/min) per 100 sq.ft. (9.29 m<sup>2</sup>) of conditioned floor area when tested at a pressure differential of 0.1 w.g. (25 Pa). IRC Section N1103.3.4 or PA Alternative Section 402.3

**Post Construction Test Option.** (Partial system testing is not permitted. i.e. ducts in exterior walls)

- Option 2. **Post-construction test (Air handler installed):** Total leakage less than or equal to 4 cfm (113.3 L/min) per 100 sq. ft. (9.29m<sup>2</sup>) of conditioned floor area when tested at a pressure differential of 0.1 inch w.g. (25 Pa). IRC Section N1103.3.4 or PA Alternative Section 402.3
- Approved Testing Agency (for example: RESNET Certified, BPI Envelope Specialist) providing evidence of duct testing or Contractor performing duct testing with Lower Gwynedd Township Code Official present
- Conditioned Floor Area Square Footage \_\_\_\_\_
- Exception: Duct tightness test is not required if the air handler and all ducts (supply & return) are located within conditioned space. Ducts located in exterior walls are not within conditioned space.** When ducts are installed in exterior walls, duct testing is required.
- PA – Alternate Residential Provisions Entrance Requirements (Chose One)**

<input checked="" type="checkbox"/>	Option	Description	Minimum efficiency	
			Climate Zone (4)	
	1	Ductless heat pumps	8.5 HSPF	
	2	All air ducts located inside the thermal envelope	Compliant	
	3	Solar photovoltaic system installed	1.4 kW	
	4	Geothermal or water source heat pump installed	Compliant	
	5	Improved efficiency air source heat pump installed	8.7 HSPF	
	6	Improved efficiency furnace installed	90 AFUE	
	7	Exterior continuous insulation	R20+10	
	8	Improved airtightness	3.0 ACH50	
	9	Improved efficiency windows	U-factor = 0.25	
	10	Package: Improved efficiency windows and higher attic R-value with raised heel truss <sup>a</sup>	Windows	U-factor = 0.27
			Attic	R-value = 60
	11	Package: Improved efficiency windows and heat pump water heater	Windows	U-factor = 0.27
			Heat Pump Water Heater	Compliant

Note a. Full height of uncompressed insulation shall extend over the top plate at the eaves.