



# Permit Requirements for FINISHED BASEMENTS

*Note: this information is meant to be used as a guideline for the permit process. Additional information may be required if the Code Official deems it necessary. If any of the required paperwork is not submitted to East Fallowfield Township and/or if the applications are incomplete, it could cause a delay in the review process of the permit. Please contact our office if you have any questions.*

## **PERMITS**

1. Fill out in full all applications that apply to your proposed project (which could include some, or all, of the following: Building Subcode, Electrical Subcode, Plumbing Subcode, and Mechanical Subcode).
2. **Building Subcode** application:
  - A. Provide two (2) copies of the proposed floor plan showing the entire area of the basement.
  - B. The drawings must show complete detail of the construction of the proposed basement including:
    - i. Entire area of the basement,
    - ii. Label all rooms with their use,
    - iii. Locate all existing features such as doors, windows, stairs, etc.,
    - iv. Submit a cross section detail of the walls to be built,
    - v. Locate all smoke detectors and carbon dioxide detectors,
    - vi. Provide all insulation values of all walls, and/or ceilings.
    - vii. Show emergency escape and/or second means of egress for the basement.
  - C. If there is any structural work to be done, your plans/drawings **must be signed and sealed by a design professional Engineer, Architect licensed in the Commonwealth of PA.**
  - D. All construction is required to meet the requirements of the 2018 International Residential Building Code and 2017 National Electrical Code and Act 45 of 1999 of the State of Pennsylvania and all amendments.
3. **Electrical Subcode** application (if it applies to scope of work):
  - A. Provide two (2) copies of the proposed wiring diagram for plan review.
  - B. Plans will be sent to **United Inspections** for their review and approval.
4. **Plumbing Subcode** application (if it applies to scope of work):
  - A. Provide two (2) copies of the proposed plumbing drainage system. (Show

existing drainage system with the venting and show the proposed drainage system with the size of ALL drains and vents, trap sizes and materials to be used.

- B. If you are installing an ejector sump with pump, submit the manufacturer's specifications.

**5. Mechanical Subcode application (if it applies to scope of work):**

- A. Provide two (2) copies of all proposed heating and cooling system.
  - i. If you are using the existing heating and cooling equipment - provide all calculations to prove the existing system is large enough to heat and cool your entire dwelling.
  - ii. If you are adding a new system - provide location of the new equipment and all duct work and calculations for heating and/or cooling of the finished area.
- 6. Provide a copy of all Contractors' **Certificates of Insurance** and **Worker's Compensation** showing East Fallowfield Township as insured, or fill out the exempt form provided for Workman's Compensation. If you are exempt, you must have the Worker's Compensation form notarized.
- 7. Provide a copy of all Contractors' **PA Home Improvement Licenses** from the State of Pennsylvania.

**INSPECTIONS**

- 1. All required inspections will be listed on the inspection checklist sheet attached to the Yellow Permit.
- 2. All Electrical inspections are to be done by the third-party inspection agency **United Inspections**. They can be reached at **215-542-9977**.
- 3. All other inspections will be done by East Fallowfield Township's Office of Code Enforcement. The applicant is responsible for scheduling ALL required inspections, as noted on the inspection checklist.
- 4. When work has been completed, all permits must have a **final inspection** performed. The applicant will schedule the final inspection with East Fallowfield Township.
  - A. Requests must be scheduled at least 24 hours in advance.
  - B. In-progress inspections are available Monday through Friday between 9:00 a.m. and 11:00 a.m.
  - C. Final inspections are available on Tuesdays and Thursdays between 9:00 a.m. and 11:00 a.m.
  - D. Please email [permits@eastfallowfield.org](mailto:permits@eastfallowfield.org) or call **610-635-6077** to schedule your inspections.

Please contact us if you have questions or need additional information regarding the above.

Thank you.

**Keystone Municipal Services**  
East Fallowfield Township  
610-635-6292

**Sue Sereditch**  
Office Assistant  
East Fallowfield Township  
610-384-2104  
[permits@eastfallowfield.org](mailto:permits@eastfallowfield.org)



## **PERMIT POLICIES & PROCEDURES**

The following is an overview of what is expected when applying for a building permit in East Fallowfield Township. Our Township has elected to be an Opt-In Township of the Uniform Construction Code of the State of Pennsylvania.

### **Applying for a Commercial or Residential Building Permit:**

1. Submit completed application with all sections that apply to the project filled out in full.
2. Submit copies of all Contractors' Certificates of Insurance and Worker's Compensation showing East Fallowfield Township as insured or fill out the exempt form provided for Worker's Compensation.
3. Submit copies of all Contractors PA Home Improvement License from the State of Pennsylvania (*not required for new construction*).
4. Submit two (2) copies of all related construction drawings shall be submitted with the completed application. All drawings submitted must reference the current codes adopted by the 2018 International Residential Building Code and 2017 National Electrical Code and Act 45 of 1999 of the State of Pennsylvania and all amendments.
5. When the application is completed and submitted to the Township it will begin review by a Certified Code Official.
6. If the plans are signed and sealed by a design professional Engineer or Architect licensed in the Commonwealth of Pennsylvania, a review letter or permit issue must be completed within 15 business days by the Code Official. If the Code Official fails to respond in the 15 business days, the plans are deemed approved.
7. If the plans are not signed and sealed by a design professional Engineer or Architect licensed in the Commonwealth of Pennsylvania, a review letter or permit issue must be completed within 30 business days by the Code Official. If the Code Official fails to respond in the 30 business days, the plans are deemed approved.
8. When a review letter is written for the requirement of code compliance or just for more information needed, the applicant must respond within 30 business days from the date of the review letter or the application will be deemed null and void. After the Review letter is complied with and the plans are resubmitted the Code Official, he shall have the required number of days to respond with a review letter or issue the permit for approval.



9. When the Building Permit application is approved and issued, the permit is good for a period of six (6) months from the date that it was issued to start the construction. If construction has not begun within the six (6) months, the permit holder may request an extension of time in writing to the Code Official to extend the approval of the construction. Once the work has started, the permit is valid until the project is completed per the permit approval. All work must be completed within a 5 year period. The Code Official is the Authority and has jurisdiction for overseeing the approved drawings comply with the permit approval.
10. A list of required inspections will be issued with the approved permit and a copy of the approved drawings for the proposed construction. This approved drawing shall remain on site for the Code Official or Code Inspector to reference for compliance of the approved permit.
11. Prior to the start of construction, a pre-construction meeting may be required to be held to go over the policies and procedures of East Fallowfield Township for compliance of the approval.
12. When there are changes to the approved construction drawings, the Contractor/Property Owner MUST notify the Code Official of the changes. The Code Official may require that the construction drawings be revised and re-submitted to East Fallowfield Township for re-approval by the Code Official and for the permit file.
13. When the construction is completed and prior to the Occupancy of the project, a final inspection must be done by the Code Official.
  - a. If there was a drainage permit issued by the Township Engineer, the drainage permit must be signed off and the As-Built's (*if required*) must be approved by the Township Engineer before the final Certificate of Occupancy (C/O) inspection is scheduled. Please allow 2 weeks prior to scheduling for the Certificate of Occupancy.  
*(Note: a conditional Certificate of Occupancy (C/O) may be requested in writing by the Property Owner and their contractor for a limited amount of time to complete the project. The Township Zoning Official, Township Engineer and Building Code Official must approve the Conditional Certificate of Occupancy in order to be issued.)*
  - b. When the Code Official has found the project to be completed and all required inspections have been performed and passed by a certified inspector, the Code Official shall issue the Certificate of Occupancy and sign off on the property file within five (5) business days of the final inspection.
  - c. The building permit file will be removed from the open permit records files of East Fallowfield Township to the permanent Property Records files.

Please contact me at 610-384-7144 or at [codeofficer@eastfallowfield.org](mailto:codeofficer@eastfallowfield.org) for questions or information regarding the above.

Nick Vendetta  
Building Official  
Keystone Municipal Services  
East Fallowfield Township  
610-384-7144  
[codeofficer@eastfallowfield.org](mailto:codeofficer@eastfallowfield.org)

Sue Sereditch  
Permits & Inspections Facilitator  
East Fallowfield Township  
610-365-6077  
[permits@eastfallowfield.org](mailto:permits@eastfallowfield.org)

# BUILDING SUBCODE TECHNICAL SECTION

Date Received

Date Issued

Permit #

**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block \_\_\_\_\_ Lot \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee \_\_\_\_\_

Address \_\_\_\_\_

Tele. ( \_\_\_\_\_ ) \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Email ( \_\_\_\_\_ ) \_\_\_\_\_

Lic. No. or Bldrs. Reg. No. \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

TYPE OF WORK:

FEE (Office Use Only)

|            |          |
|------------|----------|
| Building   | \$ _____ |
| Electrical | _____    |
| Mechanical | _____    |
| Plumbing   | _____    |
| Lateral    | _____    |
| Zoning     | _____    |
| State Fee  | _____    |
|            | _____    |
| U & O      | _____    |
| Subtotal   | _____    |

|                          |          |
|--------------------------|----------|
| Administrative Surcharge | \$ _____ |
| Minimum Fee              | \$ _____ |
| Fee                      | \$ _____ |
| TOTAL FEE                | \$ _____ |

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW:                               | Date  | Initial | INSPECTIONS  | Dates (Month/Day) |         |          |         |
|--------------------------------------------|-------|---------|--------------|-------------------|---------|----------|---------|
| [ ] No Plans Required                      | _____ | _____   | Type:        | Failure           | Failure | Approval | Initial |
| [ ] All                                    | _____ | _____   | Footing      | _____             | _____   | _____    | _____   |
| [ ] Footing                                | _____ | _____   | Foundation   | _____             | _____   | _____    | _____   |
| [ ] Foundation                             | _____ | _____   | Slab         | _____             | _____   | _____    | _____   |
| [ ] Frame                                  | _____ | _____   | Frame        | _____             | _____   | _____    | _____   |
| [ ] Other                                  | _____ | _____   | Barrier-Free | _____             | _____   | _____    | _____   |
| Joint Plan Review Required:                |       |         | Insulation   | _____             | _____   | _____    | _____   |
| [ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator |       |         | Finishes     | _____             | _____   | _____    | _____   |
| SUBCODE APPROVAL                           |       |         | Energy       | _____             | _____   | _____    | _____   |
| [ ] CO [ ] CCO [ ] CA                      |       |         | Mechanical   | _____             | _____   | _____    | _____   |
| Date: _____                                |       |         | TCO          | _____             | _____   | _____    | _____   |
| Approved by: _____                         |       |         | Other        | _____             | _____   | _____    | _____   |
|                                            |       |         | Final        | _____             | _____   | _____    | _____   |
|                                            |       |         | Barrier-Free | _____             | _____   | _____    | _____   |

**B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_

Height of Structure \_\_\_\_\_ Ft.

Area — Largest Floor \_\_\_\_\_ Sq. Ft.

New Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft.

Volume of New Structure \_\_\_\_\_ Cu. Ft.

Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

Deck/Accessory \_\_\_\_\_ Sq. Ft.

**Est. Cost of Bldg. Work:**

1. New Bldg. \$ \_\_\_\_\_

2. Alteration \$ \_\_\_\_\_

3. Total (1+2) \$ \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature \_\_\_\_\_

APPLICANT — WHITE COPY / OFFICE — YELLOW COPY  
ASSESSMENT OFFICE — PINK COPY / BILLING — GOLD COPY

**ELECTRICAL  
SUBCODE  
TECHNICAL SECTION**

Date Received

Date Issued

Permit #

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block \_\_\_\_\_ Lot \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee/Occupant \_\_\_\_\_

Address \_\_\_\_\_

Tele. ( \_\_\_\_\_ ) \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_ ) \_\_\_\_\_

Lic. No. \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW: Date Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

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

Approved by: \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| QTY.  | SIZE  | ITEMS                          |
|-------|-------|--------------------------------|
| _____ | _____ | Lighting Fixtures              |
| _____ | _____ | Receptacles                    |
| _____ | _____ | Switches                       |
| _____ | _____ | Detectors                      |
| _____ | _____ | Light Poles                    |
| _____ | _____ | Motors— Fract. HP              |
| _____ | _____ | Emergency & Exit Lights        |
| _____ | _____ | Communications Points          |
| _____ | _____ | Alarm Devices/F.A.C. Panel     |
| _____ | _____ | .....                          |
| _____ | _____ | TOTAL NUMBERS                  |
| _____ | _____ | Pool Permit/with UW Lights     |
| _____ | _____ | Storable Pool/Spa/Hot Tub      |
| _____ | _____ | KW Elec. Range/Receptacle      |
| _____ | _____ | KW Oven/Surface Unit           |
| _____ | _____ | KW Elec. Water Heater          |
| _____ | _____ | KW Elec. Dryer/Receptacle      |
| _____ | _____ | KW Dishwasher                  |
| _____ | _____ | HP Garbage Disposal            |
| _____ | _____ | KW Central A/C Unit            |
| _____ | _____ | HP/KW Space Heater/Air Handler |
| _____ | _____ | KW Baseboard Heat              |
| _____ | _____ | HP Motors 1/+ HP               |
| _____ | _____ | KW Transformer/Generator       |
| _____ | _____ | AMP Service                    |
| _____ | _____ | AMP Subpanels                  |
| _____ | _____ | AMP Motor Control Center       |
| _____ | _____ | KW Elec. Sign/Outline Light    |
| _____ | _____ | .....                          |
| _____ | _____ | .....                          |

FEE (Office Use Only)

\$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

APPLICANT – WHITE COPY / OFFICE – YELLOW COPY  
ASSESSMENT OFFICE – PINK COPY / BILLING – GOLD COPY

**PLUMBING  
SUBCODE  
TECHNICAL SECTION**

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

Permit # \_\_\_\_\_

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block \_\_\_\_\_ Lot \_\_\_\_\_  
Work Site Location \_\_\_\_\_  
Owner in Fee \_\_\_\_\_  
Address \_\_\_\_\_  
Tele. ( \_\_\_\_\_ ) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Email ( \_\_\_\_\_ ) \_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
Est. Cost of Plumbing Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

**PLAN REVIEW:**

- ☐ No Plans Required  
☐ Joint Plan Review Required  
☐ Building ☐ Electric  
☐ Fire ☐ Elevator  
☐ Plumbing Plans Approved

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

Approved by: \_\_\_\_\_

**D. TECHNICAL SITE DATA (List of all fixtures.)**

| NO.   | FIXTURE/EQUIPMENT        | FEE (Office Use Only) |
|-------|--------------------------|-----------------------|
| _____ | Water Closet             | \$ _____              |
| _____ | Urinal/Bidet             | _____                 |
| _____ | Bath Tub                 | _____                 |
| _____ | Lavatory                 | _____                 |
| _____ | Shower                   | _____                 |
| _____ | Floor Drain              | _____                 |
| _____ | Sink                     | _____                 |
| _____ | Dishwasher               | _____                 |
| _____ | Drinking Fountain        | _____                 |
| _____ | Washing Machine          | _____                 |
| _____ | Hose Bibb                | _____                 |
| _____ | Water Heater             | _____                 |
| _____ | Fuel Oil Piping          | _____                 |
| _____ | Gas Piping               | _____                 |
| _____ | Steam Boiler             | _____                 |
| _____ | Hot Water Boiler         | _____                 |
| _____ | Sewer Pump               | _____                 |
| _____ | Interceptor/Separator    | _____                 |
| _____ | Backflow Preventer       | _____                 |
| _____ | Greasetrap               | _____                 |
| _____ | Sewer Connection         | _____                 |
| _____ | Water Service Connection | _____                 |
| _____ | Stacks                   | _____                 |
| _____ | Other _____              | _____                 |
| _____ | Other _____              | _____                 |
| _____ | Other _____              | _____                 |

|                          |                 |
|--------------------------|-----------------|
| Administrative Surcharge | \$ _____        |
| Minimum Fee              | \$ _____        |
| Fee                      | \$ _____        |
| <b>TOTAL FEE</b>         | <b>\$ _____</b> |

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature — Contractor's Seal \_\_\_\_\_

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

**APPLICANT**

**MECHANICAL  
INSPECTOR  
TECHNICAL SECTION**

Date Received

Date Issued

Permit #

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block \_\_\_\_\_ Lot \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee \_\_\_\_\_

Address \_\_\_\_\_

Tele. ( \_\_\_\_\_ ) \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Email ( \_\_\_\_\_ ) \_\_\_\_\_

Lic. No. \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_

**B. MECHANICAL CHARACTERISTICS**

Use Group R-3/R-4

Heating System ☐ Conversion ☐ Replacement

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other \_\_\_\_\_

Type: ☐ Hydronic ☐ Hot Air

Estimated Cost of Mechanical Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

**PLAN REVIEW:**

☐ No Plans Required

Joint Plan Review Required

☐ Bldg. ☐ Plumb.

☐ Elec. ☐ Elevator

☐ Fire ☐ Mech.

**PLANS APPROVED**

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

Approved by: \_\_\_\_\_

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK**

| NO.   | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|-------|-------------------|-----------------------|
| _____ | Water Heater      | _____                 |
| _____ | Fuel Oil Piping   | _____                 |
| _____ | Gas Piping        | _____                 |
| _____ | Steam Boiler      | _____                 |
| _____ | Hot Water Boiler  | _____                 |
| _____ | Hot Air Furnace   | _____                 |
| _____ | Oil Tank          | _____                 |
| _____ | LPG Tank          | _____                 |
| _____ | Fireplace         | _____                 |
| _____ | Other             | _____                 |

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL FEE** \$ \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
APPLICANT



## Workers' Compensation Insurance Coverage Information

ATTACH TO BUILDING PERMIT APPLICATION

### A. The applicant is:

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

☐ Yes

☐ No

If the answer is "yes", complete Sections B and C below as appropriate.

### B. Insurance Information

### CERTIFICATE OF INSURANCE MUST BE ATTACHED

Name of Applicant: \_\_\_\_\_

Federal or State Employer Identification No.: \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation.

☐ Certificate attached

Name of Workers' Compensation Insurer: \_\_\_\_\_

Workers' Compensation Insurance Policy No.: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

### C. Exemption

*Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.*

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

☐ Contractor with no employees. **Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.**

☐ Religious exemption under the Pennsylvania's Workers' Compensation Law.

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Signature of Applicant

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

County of: \_\_\_\_\_

Municipality of: \_\_\_\_\_