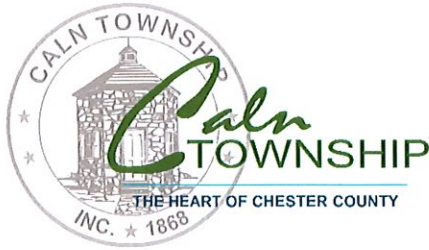




BUILDING PERMIT APPLICATION

Address _____		Subdivision _____		Lot # _____		Zoning Dist. _____	
Building Improvement New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Basement <input type="checkbox"/> Deck /Ramp <input type="checkbox"/> Demolition <input type="checkbox"/> Electric <input type="checkbox"/> Fire Protection <input type="checkbox"/> Sprinkler/Alarm <input type="checkbox"/> Hot Tub <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Pool <input type="checkbox"/> Roof <input type="checkbox"/> Shed (>1000 sq. ft.) <input type="checkbox"/> Sign <input type="checkbox"/> Tank <input type="checkbox"/> Other <input type="checkbox"/>		IDENTIFICATION – To be completed by all applicants				Date: _____	
		OWNER				Job Cost: _____	
		Name: _____				Sewage Disposal	
		Address: _____				Public <input type="checkbox"/> Private <input type="checkbox"/>	
Phone #: _____				Water Supply			
Email: _____				Public <input type="checkbox"/> Private <input type="checkbox"/>			
Home Improvement Contractor # _____				Type of Construction			
Expiration Date: _____				IA <input type="checkbox"/> IB <input type="checkbox"/>			
Name: _____				IIA <input type="checkbox"/> IIB <input type="checkbox"/>			
Address: _____				IIIA <input type="checkbox"/> IIIB <input type="checkbox"/>			
Phone #: _____				IV <input type="checkbox"/> VB <input type="checkbox"/>			
Email: _____				Site located in Flood Area			
Residential Location: <input type="checkbox"/>				Commercial Location: <input type="checkbox"/>			
Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Submit floor plan showing Location w/clearances & material types /Mechanical Central AC? Yes <input type="checkbox"/> No <input type="checkbox"/> Will there be an Elevator? Yes <input type="checkbox"/> No <input type="checkbox"/>		Residential Building Area:		Commercial Projects:			
		# of Stories _____ Basement _____ Garage _____ 1 st . Floor _____ 2 nd . Floor _____ Total Habitable Space _____		Use Group Classification _____ Occupancy Load _____ Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Heating Fuel Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Other <input type="checkbox"/>		Residential Bldg. Only		Commercial Bldg. Only			
		# Bedrooms _____		# Bedrooms _____			
		# Bathrooms _____		# Bathrooms _____			
		# Off Street Parking Spaces		_____			
		Lot Area _____ sq.ft.					
		Building Coverage _____ sq.ft.					
		Total Impervious Coverage _____ sq.ft.					
SIGNATURE OF APPLICANT: _____				DATE: _____			
DESCRIPTION /COMMERCIAL ACTIVITIES _____							
EMAIL ADDRESS _____							
Under the provisions of Ordinance No. 2022-04, you may be entitled to a property tax exemption on your contemplated alteration or new construction. An application for exemption may be secured from the Code Enforcement Office and must be filed with the Township at the time a building permit is secured.							
DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY							
Permit # _____		Approved By: _____		Permit Fee: _____		Date Issued: _____	
REMARKS:							



BUILDING PERMIT SUBMITTAL REQUIREMENTS

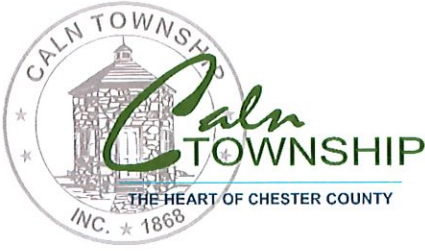
1. All applications must include two (2) sets of both site plans and construction documents as outlined below. Minimum fees will be collected at time of application.
 - A. Site plans for Commercial and Residential projects must include;
 - dimensions for all buildings, structures and areas of impervious coverage found on the property
 - Setback dimension from all adjacent property lines
 - Residential dwelling projects will be required to provide a completed placement certification form
 - Commercial projects include parking information and accessible routes.
 - Demolition submissions must include a site plan and utility disconnect location
 - B. Construction Documents must include the following:
 - Commercial projects require plans and details minimum 1/4" scale, signed and sealed by a Design Professional registered in the Commonwealth of Pennsylvania.
 - Residential projects require plans and details shall be a minimum 1/4" scale, (may require sealed drawings depending on the scope of the project)
 - All Construction documents must include elevations, cross sections and all mechanical, electrical, plumbing and energy compliance details.
2. Contractors performing "Home Improvement" activities shall provide a Pennsylvania home Improvement Contractor license. All other contractors shall be registered in Caln Township.
3. **Allow up to thirty (30) days for all reviews.**

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Application for Exemption from Real Estate Taxes on Improvements to Commercial/Industrial Properties in the LERTA Boundaries

This Application must be filed at the same time as the building permit application is filed.

You must file a separate form for each Parcel for which you are seeking tax exemption.

No tax exemption shall be granted if the property owner does not secure the necessary and proper permits prior to commencement of improving the property.

No tax exemption shall be granted if the property owner is delinquent in the payment of real estate taxes at the time of application for tax exemption.

I hereby apply for the exemption from real estate taxes pursuant to Caln Township Ordinance No. 2022-04 for planned improvements on my property identified hereinbelow. I certify that I am the owner(s) of the above-described property and that the answers and information provided herein are true and correct to the best of my knowledge information and belief.

Signature of owner or owners _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

Address of Property: _____

Tax Parcel No.: _____

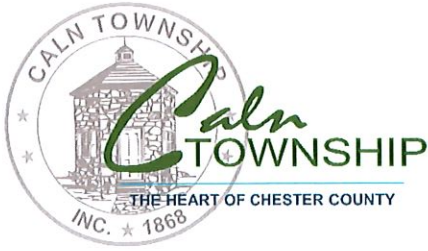
Is the property located in a Deteriorated Areas qualified for LERTA tax exemption? ____ Yes ____ No

Has the property been condemned by a government body for non-compliance with laws or ordinances?
____ Yes ____ No

Indicate the existing nature of the property to be improved: _____ Commercial/Industrial
_____ Mixed Use

Is the property currently occupied? ____ Yes, ____ No Number of structures: _____

Indicate the nature of the property following the planned improvements:
_____ Commercial/Industrial _____ Mixed Use - Explain: _____



Describe the planned improvements: _____

Date building permit was applied for: _____

Date building permit was issued: _____

Start date of construction: _____

Estimated Construction Completed Date: _____

Estimated cost of planned improvements: _____

Approved	Permit Number	Estimated Cost	Date Approval
Building		\$	
Electrical		\$	
Plumbing		\$	
HVAC		\$	

Current Assessment:
Commercial/Industrial/Mixed Use:

Land \$ _____
Building \$ _____
Total \$ _____

Owner's Certification

I certify that the information provided in this Application is correct and that I (we) have no outstanding taxes owed to any local taxing authority for the property that is the subject of this application.

Printed Name: _____ Signature: _____

Date: _____

Caln Township Certification

The undersigned certifies that this parcel has been identified for LERTA exemption in the year after completion of construction.

Caln Township

Printed Name: _____ Signature: _____

Date: _____



County Assessment Certification

The undersigned certifies that this parcel has been identified for LERTA exemption in the year after completion of construction.

County Assessor

Printed Name: _____ Signature: _____

Date: _____

Distribution upon completion of all submissions:

Original: Caln Township

Copies to: Applicant

County Assessor

CASD



PERMIT PROCESSING FOR ALL APPLICATIONS INVOLVING NEW IMPERVIOUS COVERAGE

Issued: August 15, 2015

1. Once the Application (Zoning and/or Building) and the Impervious Coverage Worksheet ("Worksheet") are reviewed and verified by the Township Zoning Officer, if both the Total Project Area of Earth Disturbance are less than 2,000 square feet and the Total Cumulative Impervious Coverage Installed since January 1, 2014 is less than 1,000 square feet, the Zoning Officer will process the applications as follows:
 - a. The Zoning Officer will notify the Township Engineer that an application for new impervious coverage has been received and it is exempt from the Act 167 requirements based on the amount of square footage proposed.
 - b. The Zoning Officer will review the Application and once all zoning/building criteria are met, issue the applicable permit along with notation being placed on the permit regarding the amount of new impervious coverage created as part of the application.
 - c. Construction of the project may commence.
 - d. Once the work is completed, the Zoning Officer will inspect the work and either verify the amount of impervious coverage installed. If the amount is within the permitted amount, the Zoning Officer will issue a Use and Occupancy Permit for the new construction. If the amount is over the permitted amount, the Zoning Officer will notify the Township Engineer of the discrepancy.
 - e. The Township Zoning Officer and Township Engineer will coordinate resolution of the discrepancy.
2. Once the Application (Zoning and/or Building) and Worksheet are reviewed and verified by the Township Zoning Officer, if either the Total Project Area of Earth Disturbance is greater than 2,000 square feet and/or the Total Cumulative Impervious Coverage Installed since January 1, 2014 is greater than 1,000 square feet, the Zoning Officer will process the applications as follows:
 - a. the Zoning Officer will notify the Township Engineer of one/both of these conditions being met;
 - b. the Township Engineer will contact the Applicant to arrange a meeting to discuss the proposal;
 - c. If it is determined that a SWM/G/ESC Permit is required, the Township Engineer will forward the SWM/G/ESC Permit Application to the Applicant to fill out and return, along with the fees as established by the Resolution of the Board of Commissioners, to the Township Engineer.

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- d. The Township Engineer and/or the Township's Stormwater Management Consultant will review the Application and provide a review letter listing the outstanding comments.
- e. Once all comments have been resolved, the Township Engineer will issue a SWM/G/ESC Permit for the Project.
- f. Once the SWM/G/ESC Permit is issued, the Township Zoning Officer will finalize his review of the entire submission (Zoning and/or Building Permit and SWM/G/ESC Permit) and issue the Zoning and/or Building Permit.
- g. Once all applicable permits are issued, construction of the project may commence.

It is noted that no construction can commence prior to the stormwater management review being conducted, regardless if the proposed project is exempt or not. Also, as provided for in the Township's Stormwater Management Ordinance (Chapter 135), the Applicant shall reimburse all expenses incurred by the Township for any plan review, construction inspection, and legal assistance associated with the SWM/G/ESC Permit. The Township may require the establishment of an escrow account for these anticipated costs or said costs will be invoiced to the Applicant.

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Public Education Information for Stormwater Management, Grading, and/or Erosion Control Permit Submittal

As part of the Township's Federal National Pollution Detection and Elimination System Municipal Separate Storm Sewer System (NPDES MS4) requirements, the Board of Commissioners adopted both the "Caln Township Stormwater Management Ordinance" and the "Grading, Erosion, and Sediment Control Ordinance" on December 19, 2013, with an effective date of January 1, 2014. With the adoption of these two ordinances, one of the many mandated requirements is the Township's need to track all impervious coverage added to any and all properties since January 1, 2014. Unless exempted by either of these Ordinances listed above, all activities proposing disturbance to the topography and/or vegetation of a property may be required to obtain a Stormwater Management, Grading, Erosion, and Sediment Control Permit (hereinafter "SWM/G/ESC Permit").

It is noted that the Zoning review for impervious coverage is separate from the Stormwater Management review for impervious coverage. The Zoning review will track impervious coverage from an intensity of the hard surfaces on a lot standpoint whereas the Stormwater Management review will track the impervious coverage from the ability of the water to get back into the ground (as opposed to running off). With this noted, some of the impervious coverage from a Stormwater Management standpoint may, on a case by case basis as determined by the Township Engineer, be reduced and/or omitted upon review whereas there will be no reduction nor omission of impervious coverage from a zoning standpoint.

Regarding the impervious coverage, each property is exempt from Stormwater requirements if the cumulative amount of new impervious coverage installed since January 1, 2014 is less than 1,000 square feet. Conversely, if the cumulative amount of impervious coverage installed since January 1, 2014 is over 1,000 square feet, stormwater controls are required. The Township understands the complexity of the stormwater requirements and is making efforts to reduce the timeframe associated with issuing zoning and building permits for those properties that are exempt from the stormwater requirements, meaning those properties where the new impervious coverage added since January 1, 2014 is less than 1,000 square feet.

With the above stated, it is imperative that all zoning and building permit applications submitted to the Township must be accompanied by a fully completed Impervious Coverage Worksheet for review. This completed Worksheet will help guide the review process and hopefully lead to a shorter turn around for the associated permits.

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IMPERVIOUS COVERAGE WORKSHEET

Permit No.: _____

PART 1 - PROPERTY INFORMATION		
Street Address of Property (site on which Regulated Activity is Proposed):		
City, State and Zip Code of Property:		
Subdivision Name:	Tax Parcel Identification #:	
Estimated Start Date (mm/dd/yyyy):	Estimated Completion Date (mm/dd/yyyy):	Zoning District:
PART 2 - APPLICANT INFORMATION (owner of property and person or entity responsible for all costs)		
Applicant Name (person or entity that owns the property on which the proposed Regulated Activity is located):		
Applicant Street Address:		
City, State and Zip Code of Applicant:		
Telephone Number of Applicant:	Email Address:	
PART 3 - IMPERVIOUS SURFACE		
Total Project Area of Earth Disturbance = _____ Square Feet		A
Previously Installed Impervious Coverage since January 1, 2014 = _____ Square Feet		B
Proposed Impervious Surface = _____ Square Feet		C
Proposed Impervious Surface to be Removed = _____ Square Feet		D
Total Impervious Surface installed since January 1, 2014 (if approved) = _____ Square Feet		E (B+C-D)

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ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only	Date Received 1	Date Received 2
Postmark Date: _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Project ID#: _____		
Permit #: _____		
Other #: _____		
Inspector: _____		
<p>NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).</p>		

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one):	<input type="checkbox"/> Initial	<input type="checkbox"/> Annual Notification
	<input type="checkbox"/> Revision (highlight here, and changes)	<input type="checkbox"/> Phase of Annual Notification	
	<input type="checkbox"/> Postponement	<input type="checkbox"/> Cancellation	
	Date of Initial Notification or, if previously revised, date of last revision: _____		
2.	PROJECT LOCATION (check one):		
	<input type="checkbox"/> Allegheny County	<input type="checkbox"/> City of Philadelphia	<input type="checkbox"/> Other Location in PA (specify county): _____
		<input type="checkbox"/> Municipality (specify): _____	
3.	FOR ALLEGHENY COUNTY AND CITY OF PHILADELPHIA PROJECTS ONLY:		
	A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)		
	B. For City of Philadelphia projects requiring a permit:		
	Asbestos project inspector: _____	Certification #: _____	
	Company name: _____		
	Address: _____		
	City: _____	State: _____	Zip: _____ Phone: _____
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	(If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).		
5.	TYPE OF OPERATION (check all that apply):	<input type="checkbox"/> Abatement prior to Demolition	
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Renovation
			<input type="checkbox"/> Emergency Renovation
6.	FACILITY DESCRIPTION:	Job No.: _____ (see instructions)	
	Facility Name: _____		
	Street/Rural Address: _____		
	City: _____	State: PA	Zip Code: _____
	Present use: _____	Prior use: _____	
	Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Facility size in square feet: _____	# of floors: _____	Age in years: _____
7.	ABATEMENT CONTRACTOR:		
	Company name: _____		
	Allegheny County or City of Philadelphia License # (if applicable): _____		
	Street/Rural/POB Address: _____		
	City: _____	State: _____	Zip: _____
	Contact: _____	Telephone No. (between 8:00 & 4:30): _____	

8. DEMOLITION CONTRACTOR:
 Company name: _____
 Street/Rural/POB Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone No. (between 8:00 & 4:30): _____

9. FACILITY OWNER:
 Owner name: _____
 Street/Rural/POB Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone No. (between 8:00 & 4:30): _____

10. FACILITY INSPECTION (required for renovation and demolition projects):
 Building inspector: _____ Certification #: _____
 Date of inspection: _____ Is any material assumed to be asbestos? Yes No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:

Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT? Yes No If Yes, please list in #12.

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.
PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****

Code *	Code **	Code ***	Code ****
Type of ACM	Units	Type of abatement	Final Clearance
FRI - Friable ACM	LF - Linear ft.	REM - Removal	PCM - Phase contrast microscopy
NF1 - Cat I nonfriable ACM	SF - Square ft.	CAP - Encapsulation	TEM - Transmission electron microscopy
NF2 - Cat II nonfriable ACM	CF - Cubic ft.	CLO - Enclosure	
(Note: Allegheny County treats all ACM as friable)		NON - None	

13. Is this project regulated by NESHAP? Yes No
 A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable):

A. Asbestos abatement: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ am pm to _____ am pm
 Days of week (check): Mo Tu We Th Fr Sa Su

B. Demolition: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ am pm to _____ am pm
 Days of week (check): Mo Tu We Th Fr Sa Su

C. Renovation: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ am pm to _____ am pm
 Days of week (check): Mo Tu We Th Fr Sa Su

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

17. WASTE TRANSPORTER(S):

A. Transporter #1 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

B. Transporter #2 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

18. WASTE DISPOSAL SITE(S) (any asbestos containing material):

A. Landfill name: _____ DEP permit #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

B. Landfill name: _____ DEP permit #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S):

A. Company name/individual: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

B. Final clearance firm: (if different than 19A) _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

Final clearance firm was hired by (check one): Contractor Owner
 Other: Explain: _____

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only):

A. PCM company name/individual: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

B. TEM company name: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ am pm

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

22. FOR ORDERED DEMOLITIONS (attach copy of order):
 Government agency that ordered: _____
 Name of individual who ordered: _____ Title: _____
 Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:
 Project designer: _____ Certification #: _____
 Contractor (Individual): _____ Certification #: _____
 Supervisor: _____ Certification #: _____
 Contractor (Firm): _____ Certification #: _____

*** * * * * SIGN BOTH STATEMENTS * * * * ***

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

 (Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: _____ Title: _____

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

 (Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: _____ Title: _____

FOR OFFICIAL USE ONLY



Permit No.: _____

PART 4 – REQUIREMENTS (For Township Use Only)

1	<p>Is "A" less than 5,000 square feet AND is "E" less than 1,000 square feet?</p> <p><input type="checkbox"/> YES (if "yes", no stormwater controls are required)</p> <p><input type="checkbox"/> NO (if "no", proceed to step 2 below).</p>
2	<p>Is "A" less than 10,000 square feet AND is "E" less than 2,000 square feet?</p> <p><input type="checkbox"/> Yes (if "Yes", on site stormwater controls may be provided as outlined in Appendix A of the)</p> <p><input type="checkbox"/> No (if "No", a full stormwater drainage plan and calculations shall be required in accordance with Chapter 135 of the Township Ordinance.)</p>

PART 5 – CERTIFICATION & ACKNOWLEDGEMENT

I am the Property Owner, or

I am an officer or official of the Property Owner, or

I have the authority to make this application (attach delegation of signatory authority)

I hereby state that the above facts and statements including any attachments are to the best of my knowledge, accurate and complete. I further understand that any falsification of information or an incomplete application may be considered reason to reject the application and that the false statements herein are made subject to the penalties of PA cons. Stat. 4904 relating to unsworn falsification to authorities.

No permit shall be issued for the filling of materials other than clean fill.

Name	Official Title
Street Address	City, State, Zip Code
Phone Number	E-mail Address
Signature	Date

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