



CALN TOWNSHIP

DEPARTMENT OF CODE ENFORCEMENT
Raymond Stackhouse, Code Official/Deputy Fire Marshal
Joseph Arvay, Property Maintenance/Housing Inspector

www.calntownship.org

610-384-0600 fax: 610-384-0689
253 Municipal Drive, Thorndale, Pa. 19372-0149

PROTOCOL FOR BUILDING PLAN SUBMITTAL

- 1. Allow up to thirty (30) days for all reviews.**
- 2. Contractors performing Home Improvement activities shall provide a Pennsylvania Home Improvement Contractor license. All other contractors shall be registered in Caln Township**
- 3. The “minimum” permit fee will be collected at the time of application. All fees are non-refundable. (See adopted Fee Schedule)**
- 4. All applications must include two (2) sets of both site plans and construction documents.**
- 5. Site plans for Commercial and Residential projects must include;**
 - a. dimensions for all buildings, structures and areas of impervious coverage found on the property**
 - b. Setback dimension from all adjacent property lines**
 - c. Commercial projects include parking information and accessible routes.**
- 6. Construction Documents must include the following:**
 - a) Commercial plans and details shall be a minimum 1/4” scale, signed and sealed by a Design Professional registered in the Commonwealth of Pennsylvania.**
 - b) Residential plans and details shall be a minimum 1/4” scale, (may require sealed drawings).**
 - c) All Construction documents must include elevations, cross sections and all mechanical, electrical, plumbing and energy compliance details.**
 - d) Electrical plans must be approved by a Third Party agency.**

Demolition submissions must include a site plan and utility disconnect location



CALN TOWNSHIP

DEPARTMENT OF CODE ENFORCEMENT

Andrew F. Reczek, Director of Code Enforcement

Stephen L. Miller, Code Official / Fire Marshal

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FIRE ALARM PLAN SUBMITTAL SHEET

1. Plans shall be 1/4" scale signed and sealed by certified design professional, NICET II certification a minimum.
2. Plans shall include:
 - Type and Brand of system
 - Floor plan with room uses labeled
 - Locations of all devices and appliances
 - Candela and decibel rating of devices by area of installation
 - Location of control panel and remote annunciator
 - Battery and voltage drop calculations
 - Power connection/supply information
 - Interface sequence information
 - Smoke Detection coverage design criteria used
 - Type of wiring
 - Manufacturers Cut Sheets for:
 - a) Audible/visual Devices
 - b) Smoke and Heat Detectors
 - c) Duct detectors/dampers
 - Statement that system(s) will be designed, installed and maintained per applicable NFPA code

These are minimum submittal requirements, see current NFPA 72 requirements for complete listing

FIRE SUPPRESSION/ALTERNATE SYSTEMS PLAN SUBMITTAL SHEET

1. Plans shall be 1/4" scale signed and sealed by certified design professional, NICET II certification a minimum.
2. Plans shall include:
 - Type of Suppression System or systems
 - Type of piping materials
 - Floor plans with room use labeled
 - Fire walls labeled by hour rating
 - Use Group
 - Commodity classifications and Storage methods
 - Hydraulic Calculations
 - Cut Sheets for all primary devices
 - Alternative Suppression agent being used
 - Hood/HVAC Details: Roof Plans, mechanical details
 - Suppression and Mechanical plans shall including appliances being protected and location under hood
 - Statement that system(s) will be designed, installed and maintained per applicable NFPA code

These are minimum submittal requirements, see current NFPA 13 requirements for complete listing



CALN TOWNSHIP
253 Municipal Drive, Thorndale, PA 19372
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BUILDING PERMIT APPLICATION – PERMIT FEES ARE NON-REFUNDABLE
Minimum fee due at time of permit application

Address _____ **Subdivision** _____ **Lot #** _____ **Zoning Dist.** _____

Building Improvement

- New Building** ☐
Addition ☐
Alteration ☐
Basement ☐
Deck /Ramp ☐
Demolition ☐
Driveway ☐
Fire Protection *** ☐
Sprinkler/Alarm ☐
Hot Tub **see directions ☐
Tenant fit-out ☐
Mechanical ** ☐
Plumbing ☐
Poolsee directions** ☐
Roofsee directions** ☐
Shed (>1000 sq. ft.) ☐
Tank ☐
Other ☐

IDENTIFICATION – To be completed by all applicants

OWNER

Name: _____

Address: _____

Phone #: _____

Contractor Information: Effective 7/1/09 State Cert. number required.

Name: _____

Address: _____

Phone #: _____

Residential Location: ☐ Commercial Location: ☐

Residential Building Area:

of Stories _____
Basement _____
Garage _____
1st. Floor _____
2nd. Floor _____
Total Habitable Space _____

Commercial Projects:

Use Group _____
Classification _____
Occupancy _____
Load _____
Sprinklered ☐ Yes ☐ No

Lot Area _____ sq.ft.
Building Coverage _____ sq.ft.
Total Impervious Coverage _____ sq.ft.

DATE: _____

Job Cost: _____

Sewage Disposal

Public ☐
Private ☐

Water Supply

Public ☐
Private ☐

Principal Type of Frame

Frame ☐
Masonry ☐
Wood ☐
Structural Steel ☐
Reinforced Concrete ☐
Other/specify ☐

Site located in Flood Area

Yes ☐ No ☐

Residential Bldg. Only

Bedrooms _____
Bathrooms _____

Residential Bldg. Only

Bedrooms _____
Bathrooms _____

Off Street Parking Spaces.

Submit floor plan showing Location w/clearances & material types /Mechanical Central AC?

Yes ☐ No ☐
Will there be an Elevator?
Yes ☐ No ☐

Type of Heating Fuel

Gas ☐
Oil ☐
Electric ☐
Coal ☐
Other ☐

SIGNATURE OF APPLICANT: _____ **DATE:** _____

DESCRIPTION /COMMERCIAL ACTIVITIES _____

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Permit # _____ **Approved By:** _____ **Permit Fee:** _____ **Date Issued:** _____

REMARKS: