



INSTRUCTIONS TO APPLICANTS FOR A PERMIT FOR WORK REGULATED UNDER THE MEDIA BOROUGH CODES

NOTICE TO CONTRACTORS AND OTHER BUILDING PERMIT APPLICANTS:

- ❖ NO WORK (INCLUDING DEMOLITION) MAY BEGIN UNTIL YOU HAVE THE ACTUAL PERMIT IN YOUR POSSESSION!**
 - ❖ Media Borough does not issue verbal authorization for work to commence.
 - ❖ Processing time for a permit varies with the complexity of the job.
 - ❖ Three to fourteen days are the average turn-a-round times.
- To expedite the processing of your permit, please be certain that it is complete and you have turned in all of the following required documents:
- ✓ Fully completed Media Borough application for a building permit.
 - ✓ Certificate of Insurance which covers you for general liability and workers compensation.
 - ✓ Proof of registration for the Borough's earned income tax.
 - ✓ Signature of the property owner authorizing you to work.

Incomplete applications will be returned to you and the start of your work thereby delayed.

Jim Jeffery
Code Enforcement Officer

Permit Fee:

- Building _____
- Electrical _____
- Plumbing _____

Plumbing Registration: _____

Business Privilege: _____

Other: _____

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date / /	Type Permit <input type="checkbox"/> Electrical (E) <input type="checkbox"/> Building (B) <input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Mechanical (M) <input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
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1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning	
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)			

2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address	City	State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR LAST NAME, FIRST NAME	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ PHONE NO. _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE NO. _____

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE: ASSEMBLY <input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5) <input type="checkbox"/> BUSINESS (6) EDUCATIONAL <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8) FACTORY <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11) INSTITUTIONAL <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15) RESIDENTIAL <input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI-FAMILY (17) <input type="checkbox"/> BOCA TWO FAMILY (18) <input type="checkbox"/> CABO TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> CABO SINGLE FAMILY (21) STORAGE <input type="checkbox"/> MODERATE HAZARD (22) <input type="checkbox"/> LOW HAZARD (23)			
Plan Number					
IMPROVEMENT TYPE: <input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR / REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)					

Structural (check that applicable)
Frame

Steel (1) Concrete (3) Other (5), Identify:
 Masonry (2) Wood (4) _____

Exterior (Check those applicable)
Walls

Steel (1) Concrete (3) Other (5), Identify:
 Masonry (2) Wood (4) _____

Are any structural assemblies fabricated off-site? Yes No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)
Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Building Est. Value \$ _____

6. ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service	AMPS	Number of Circuits:	2 WIRE	3 WIRE	4 WIRE	Number of Service Outlets:	110V	220V	
POWER DEVICES			No.	OUTPUT/LOAD	POWER DEVICES			No.	OUTPUT/LOAD
1					7				
2					8				
3					9				
4					10				
5									
6						Total Number of Motors			

Utility Service Revisions:

Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Electrical Work Est. Value \$ _____
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7. PLUMBING PERMIT APPLICATION

Plumbing Work Yes No

Enter the Number of Fixtures Being Installed, Replaced or Repaired			
Tubs/Showers	Drinking Fountains	Back Flow Preventers	
Shower Stalls	Floor Drains	Water Pumps	
Lavatories	Water Heaters	Roof Openings	
Toilets	Water Softeners	Parking Lot Drains	
Urinals	Sewage Ejectors	Inside Downspouts	
Sinks	Sump Pumps	Swimming Pools	
Laundry Tubs	Grease Traps	Standpipes (Y/N) (Number Hose Outlets)	
Dishwashers	Bidets	Fire Sprinklers (Y/N) (Number of Heads)	
Garbage Disposals		Lawn Sprinklers (Y/N) (Number of Heads)	
		Total Fixtures	
Public Water (Y/N)	Public Sewer (Y/N)		
Water Service Size	IN.	Water Meter Size	IN.
Utility Service Revisions:			
Est. Start	/	Est. Finish	/
Plumbing Work Est. Value \$			

8. MECHANICAL PERMIT APPLICATION

Mechanical Work Yes No

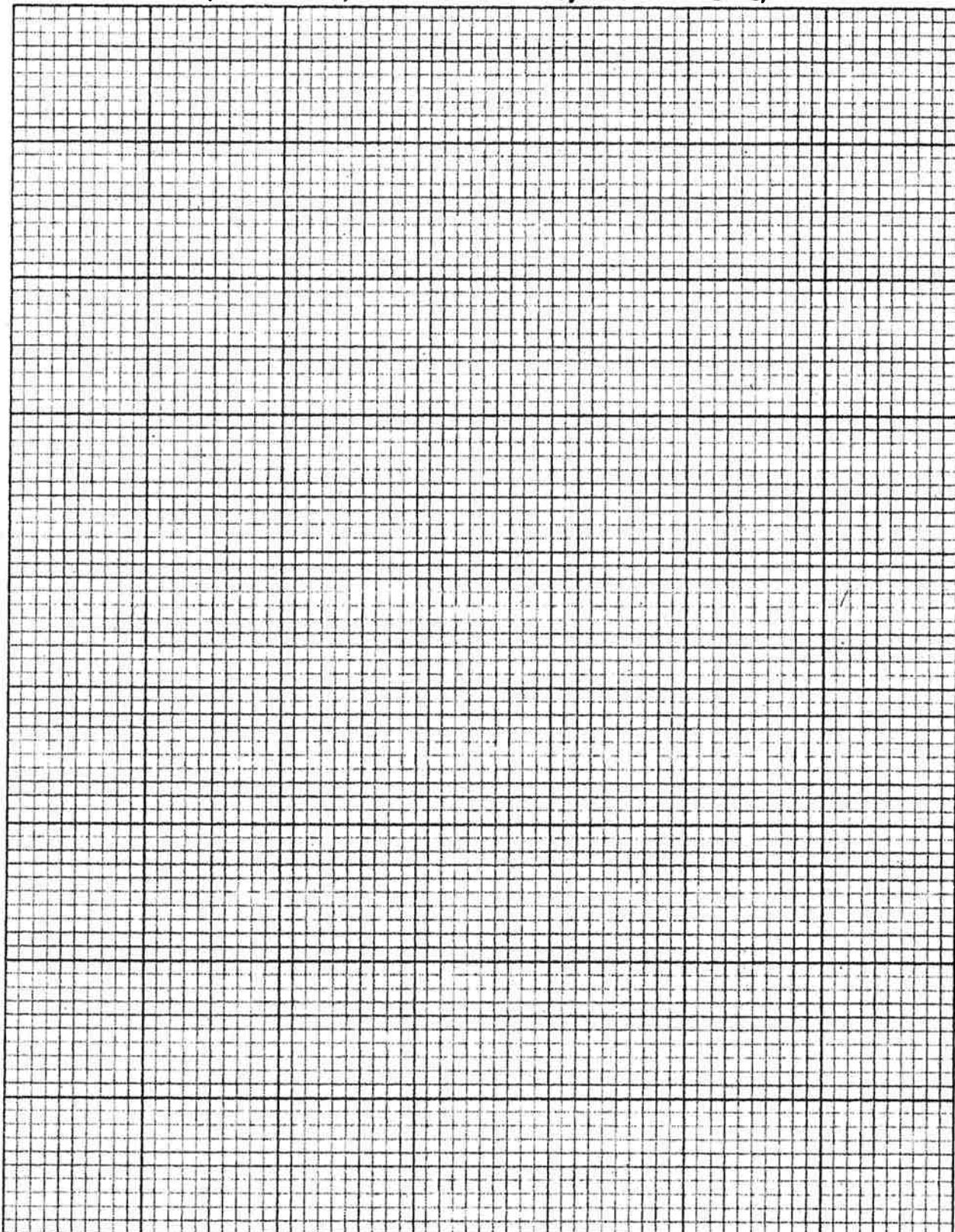
Enter Number of New or Replacement Units			
Forced Air Furnace	Incinerator	Air Handling Unit	
Unit Heater	Boiler	Heat Pump	
Gas/Oil Conversion	Coil Unit	Air Cleaner	
Space Heater	Window A/C Unit	Kitchen Exhaust Hood	
Gravity Furnace	Split System A/C	Hazardous Exhaust System	
Solid Fuel Appliance	A/C Compressor	Electric Furnace	
Utility Service Revisions:			
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)			
Est. Start	/	Est. Finish	/
Mechanical Work Est. Value \$			

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:				
Description of Work:				
Est. Start	/	Est. Finish	/	Est. Value \$

10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)



SCALE = 1 inch = _____ FEET

11. DATA ENTRY

Application Received: / /

By:

Application Reviewed: / /

By:

Data Entry: / /

By:

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE _____ LOWEST FLOOR ELEVATION _____

FLOOD ZONE _____ BASE FLOOD ELEVATION _____

13. ZONING PLAN EVALUATION

ZONING DISTRICT _____ MAP NUMBER _____

LOT AREA (From Page 2) _____ LOT COVERAGE (%) _____

LOT AREA PER ROOM _____ ENCROACHMENTS _____

OFF STREET PARKING SPACES, REQUIRED _____ PROVIDED _____

LOADING SPACE _____

SIGNS; NUMBER _____ SIZE OF EACH SIGN _____

PLANNING COMMISSION APPROVAL REQUIRED _____

BOARD OF ZONING APPEALS APPROVAL REQUIRED _____

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
TOTAL		\$	TO BE ENTERED ON PART 18				

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drwngs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

17. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

18. VALIDATION

Building Permit	Date	Number	Permit/Insp. Fee
Electrical Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
Plan Review Fee (From Part 14)			
Certificate of Occupancy Fee			
Other Fee			
TOTAL FEES			

Prepared By: _____ Date: _____

Approved By: _____ Title: _____