



SALISBURY TOWNSHIP PERMIT APPLICATION

BASEMENT RENOVATIONS

Date Received: _____

Application No.: _____

Date Issued: _____

Site Address: _____

Owner: _____ Phone #: _____

Mailing Address: _____

Contractor: _____

PA State Contractor Registration Number: _____

Mailing Address: _____

Phone #: _____ Mobile #: _____

Description of Work: _____

Estimated Cost: \$ _____

COMPLETE THE FOLLOWING:

- 1.) Does this work require new Plumbing modifications? Yes No
- 2.) Does this work require Heating or Air Conditioning Systems or modifications to existing systems? Yes No
- 3.) Does this work require new Electrical circuits or modifications? Yes No

ALL YES ANSWERS REQUIRE THAT YOU SUBMIT THE ADDITIONAL, APPROPRIATE PERMITS

- 4.) **All permits must be submitted together as one package.**
- 5.) Each permit will have their own permit number that must be given at each inspection request.
- 6.) All Commercial plans must have one set of separate, accessible plans, along with the two (2) sets of completed plans.

Property Address: _____

FOR OFFICE USE ONLY

APPROVAL:

PERMIT APPROVED: _____ **Date:** _____

CODE OFFICER: _____

Permit #: _____

Date Issued: _____

Date Expires: _____

PERMIT FEE: \$ _____

PA STATE FEE \$ _____

TOTAL \$ _____

BASEMENT SKETCH PLAN

REQUIRED FOR ANY TYPE OF CONSTRUCTION

PLEASE SHOW FLOOR PLAN AND MATERIALS BEING USED

PERMITS SUBMITTED WITHOUT A SKETCH PLAN WILL BE DENIED

BASEMENT RENOVATION REQUIREMENTS

- 1.) A Floor Plan of the Basement showing the sizes and names of each room.
- 2.) All materials being used must be indicated on the plans.
- 3.) Two (2) sets of Floor Plans, showing all the information below, must be submitted.

Note: Wood bottom plates in direct contact with the concrete floor must be of pressure-treated material or an approved decay-resistant material.

EMERGENCY ESCAPE AND RESCUE OPENINGS

- 1.) A Smoke Detector is required.
- 2.) Basements and every sleeping room must have at least one operable emergency and rescue opening.
- 3.) An emergency egress cannot pass through another room, including garages and bathrooms.
- 4.) Each bedroom must have its own emergency egress directly to the outside of the house.
- 5.) Emergency egress openings must have a sill height of not more than 44 inches above the floor.
- 6.) All emergency escape openings must have a minimum net clear opening of 5.0 square feet.
- 7.) Bulk head enclosure stairways shall provide direct access to the basement. The minimum head room in all parts of the stairway must be six feet eight inches (6' 8") and cannot be more than eight feet (8') below the finished grade adjacent to the stairway.

Window Wells – the minimum horizontal area of the window shall be nine (9) square feet with a minimum horizontal projection and width of 36 inches. The window must be able to be fully opened.

Egress Windows – Must be operational from the inside without the use of keys, tools or special knowledge.

MINIMUM CEILING HEIGHT

- 1.) Basements shall have a minimum ceiling height of seven feet (7') measured from floor to ceiling. Under beams and ducts or other projections, the minimum ceiling height may be six feet, four inches (6' 4"). Beams and girders spaced not less than four feet (4') on center may project not more than six inches (6") below the required ceiling height. Banisters shall have a maximum of four inches (4") between them.

PERMIT FEES

BUILDING:	\$9.00 Base Fee plus \$5.00 per every \$1000 of Valuation
PLUMBING:	\$50.00 Base Fee - includes the first seven (7) fixtures, plus \$5.00 for each fixture over seven (7)
ELECTRICAL:	\$20.00 - <u>Note</u> : Salisbury Township does not have an in-house Electrical Inspector. You may chose from the Township-approved Electrical Inspectors list
PA STATE FEE:	\$4.00 each permit submitted

REQUIRED INSPECTIONS

First:	Rough Electric
Second:	Rough Frame & Plumbing
Third:	Insulation
Fourth:	Drywall – before spackle
Fifth:	Final Electric
Sixth:	Final – after completion

FAILED INSPECTIONS WILL HAVE A \$50.00 DOLLAR RE-INSPECTION FEE

48 HOURS NOTICE IS REQUIRED PRIOR TO ANY INSPECTION

PLEASE CALL THE INSPECTION AGENCY (THIRD PARTY) WHO REVIEWED AND APPROVED YOUR PLAN FOR INSPECTIONS

- **CODE MASTER INSPECTION SERVICES @ 484-223-0763**
- **CERTIFIED INSPECTION SERVICE LLC @ 610-740-9539**



Township of Salisbury

M E M O

TO: CONTRACTORS and RESIDENTS IN SALISBURY TOWNSHIP

FROM: TOWNSHIP OF SALISBURY, LEHIGH COUNTY

DATE: SEPTEMBER 17, 2002

RE: ACT 44 – THE WORKERS COMPENSATION REFORM ACT

Please be advised that **NO** Salisbury Township Permit Application will be issued to any Contractor or Resident working in Salisbury Township unless the Township Planning & Zoning Department has been supplied with the required proof of **WORKERS COMPENSATION INSURANCE**, either by:

- 1.) **CONTRACTORS** – A **CERTIFICATE OF INSURANCE** showing Workers Compensation with policy numbers, including the policy's Date of Expiration, showing Salisbury Township as the certificate holder:

**Township of Salisbury
2900 South Pike Avenue
Allentown, PA 18103**

OR:

- 2.) **SELF EMPLOYED** – the attached **WORKERS COMPENSATION VERIFICATION FORM** is used for those individuals who are self employed. This form must be signed and notarized prior to work being performed.
- 3.) **RESIDENTS** – the above does not apply if you, the resident, are doing the work yourself. Please confirm by filling in your name and address in the space provided for the Contractor name and address.

THIS IS A STATE LAW

WORKERS COMPENSATION VERIFICATION FORM

A. The Applicant is a Contractor within the meaning of the Pennsylvania Workers Compensation Law:

Yes No

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

B. INSURANCE INFORMATION:

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers Compensation.

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 Workers Compensation Law.

Applicant Name – *Please Print Clearly*

Address

City, State, Zip

County

Municipality

Signature of Applicant

Subscribed and sworn before me this
_____ day of _____ 20____

Signature of Notary Public

My Commission Expires: _____

(SEAL)