



# TOWNSHIP OF BETHLEHEM

## COMMUNITY DEVELOPMENT DEPARTMENT

MUNICIPAL BUILDING  
4225 Easton Avenue  
Bethlehem, Pennsylvania 18020-1496

Phone: 610.814.6400  
www.bethlehemtownship.org

## APPLICATION FOR BUILDING PERMIT

All information and materials requested herein are required, unless otherwise specified. Applications missing required information or materials are considered incomplete and will not be reviewed until deemed complete. The Township reserves the right to refuse incomplete applications and, further, is not responsible for maintenance of incomplete applications.

### PROPERTY INFORMATION

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

☐ Bethlehem, PA 18020 ☐ Easton, PA 18045

Parcel Identification Number(s) (PIN): \_\_\_\_\_

Lot Size: \_\_\_\_\_ Zoning District(s): \_\_\_\_\_

Present Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Subdivision / Land Development (if applicable): \_\_\_\_\_

Is the property located in a FEMA floodplain? ☐ Yes ☐ No

### APPLICANT INFORMATION

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Name (if different from applicant): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor Name (if applicable): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PERMIT INFORMATION

Check all that apply.

<b>Type of Proposed Work:</b> <input type="checkbox"/> New construction <input type="checkbox"/> Addition <input type="checkbox"/> Structural alteration <input type="checkbox"/> Repair / replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Accessory structure <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical / HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire protection <input type="checkbox"/> Fire alarm <input type="checkbox"/> Other: _____	<b>Miscellaneous:</b> <input type="checkbox"/> Deck <input type="checkbox"/> Porch / roof over patio <input type="checkbox"/> Above-ground pool <input type="checkbox"/> In-ground pool <input type="checkbox"/> Basement finish <input type="checkbox"/> Fireworks <input type="checkbox"/> Tent (commercial) <input type="checkbox"/> Other: _____  <b>Structure Information:</b> Square footage: _____ No. of units: _____ No. of bedrooms: _____ No. of stories: _____ Building height: _____ Construction type: _____	<b>Construction Type:</b> <b>Structural frame:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____  <b>Exterior walls:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	<b>Use Type:</b> <input type="checkbox"/> Single-family attached <input type="checkbox"/> Single-family detached <input type="checkbox"/> Single-family semi-detached <input type="checkbox"/> Multi-family <input type="checkbox"/> Townhouse <input type="checkbox"/> Business / office <input type="checkbox"/> Educational <input type="checkbox"/> Industrial / manufacturing <input type="checkbox"/> Institutional <input type="checkbox"/> Retail <input type="checkbox"/> High hazard <input type="checkbox"/> Other: _____
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Detailed description of proposed work: \_\_\_\_\_

Estimated cost of proposed work: \_\_\_\_\_

## MECHANICAL / HVAC INFORMATION

Total Service: \_\_\_\_\_amps

Type of Heating Fuel: ☐ Natural gas ☐ Propane gas ☐ Oil ☐ Electric  
☐ Coal ☐ Wood ☐ Other: \_\_\_\_\_

Enter the number of new or replacement units.

Forced air furnace: _____ Unit heater: _____ Gas / oil conversion: _____ Space heater: _____ Gravity furnace: _____ Solid fuel appliance: _____	Incinerator: _____ Boiler / water heater: _____ Coil unit: _____ Window A/C unit: _____ Split system A/C unit: _____ A/C compressor: _____	Air handling unit: _____ Heat pump: _____ Air cleaner: _____ Kitchen exhaust hood: _____ Hazardous exhaust system: _____ Electric furnace: _____
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Detailed description of work: \_\_\_\_\_

## PLUMBING INFORMATION

Enter the number of fixtures being installed, replaced or repaired.

Tubs/showers: _____	Laundry tubs: _____	Sump pumps: _____
Shower stalls: _____	Dishwashers: _____	Sewage ejectors: _____
Lavatories: _____	Garbage disposals: _____	Grease traps: _____
Toilets: _____	Drinking fountains: _____	Back flow preventers: _____
Urinals: _____	Floor drains: _____	Water pumps: _____
Bidets: _____	Inside downspouts: _____	Water softeners: _____
Sinks: _____	Swimming pools: _____	Parking lot drains: _____
Water heaters: _____	Lawn sprinklers: _____	Roof openings: _____

Detailed description of work: \_\_\_\_\_

## ELECTRICAL INFORMATION

<b>Service Information:</b> <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration	<b>Type of Proposed Work:</b> <input type="checkbox"/> Complete <input type="checkbox"/> Wiring <input type="checkbox"/> Service <input type="checkbox"/> Other: _____	<b>No. of Circuits:</b> 2 wire: _____ 3 wire: _____ 4 wire: _____	<b>No. of Service Outlets:</b> 120V: _____ 240V: _____ <b>Total Service:</b> Amps: _____
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Detailed description of work: \_\_\_\_\_

## FIRE PROTECTION / ALARM INFORMATION

<b>Service Information:</b> <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration	<b>Type of Proposed Work:</b> <input type="checkbox"/> Fire alarm <input type="checkbox"/> Fire sprinkler <input type="checkbox"/> Other: _____	<b>Miscellaneous:</b> Standpipes: _____ No. of outlets: _____ Fire sprinklers: _____ No. of heads: _____
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Detailed description of work: \_\_\_\_\_

## CONTRACTOR INFORMATION

**General Contractor Name** (if applicable): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Electrical Contractor Name** (if applicable): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Fire Protection / Alarm Contractor Name** (if applicable): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Mechanical / HVAC Contractor Name** (if applicable): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Plumbing Contractor Name** (if applicable): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Contractor Name** (if applicable): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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I/We hereby certify that as applicant, owner, contractor, agent or other that I/we completed and read the foregoing application, and that the information and statements in this application and other representations contained in all accompanying plans are made a part of this application and are true and correct to the best of our knowledge and belief. The applicant, not the Township, is responsible for locating property lines, setbacks lines, rights-of-way, etc. and confirming any relevant private restrictions, easements or other property conditions that may affect the location of proposed improvements.

I/We do hereby agree to observe and adhere to the Bethlehem Township Zoning Ordinance and/or Building Code and UCC requirements, and do further agree and understand that failure to do so shall constitute a violation of any permit issued per this application, which violation shall cause any permit to become null and void, and revocable by Bethlehem Township.

I/We certify that the code official or 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# WORKER'S COMPENSATION AFFIDAVIT

## ESTABLISHING COMPLIANCE WITH ACT 44 OF 1993, 77 P.S. §462.2, RELATING TO PROOF OF WORKERS' COMPENSATION INSURANCE

### PART I: APPLICANT INFORMATION

☐ Property Owner (*Proceed to Part IV*)

☐ Contractor (*Proceed to Part II*)

### PART II: CONTRACTOR INFORMATION

Name of Contractor/Legal Entity (if not an individual): \_\_\_\_\_

Type of Contractor: ☐ For Profit Corporation ☐ Nonprofit Corporation

☐ IRC 501.3.C. Corporation ☐ Other (specify): \_\_\_\_\_

Contractor's Federal/State Employer Identification Number (EIN): \_\_\_\_\_

The applicant hereby submits:

☐ Certificate of Insurance (*Complete Part III*)

☐ Certificate of Self-Insurance (*Complete Part III*)

☐ Affidavit of Exemption (*Complete Part IV*)

### PART III: CONTRACTOR VERIFICATION OF INSURANCE OR SELF-INSURANCE

I understand and agree that I and the insurer are required to notify Bethlehem Township of the expiration or cancellation of any such policy of insurance or policy certificate within three (3) business days of such expiration or cancellation. I understand and agree that if Bethlehem Township receives notice of expiration or cancellation of this policy of insurance or certificate that it is required by law to issue a stop-work order.

I, the undersigned, do verify that I am authorized to make this verification on behalf of the contractor; that I have read and understand the provisions of this document; that the information and facts contained in this contractor addendum are true, correct and complete; and that I understand that false statements herein are made subject to penalties of 18 PACS §4904 relating to unsworn falsification to authorities.

Contractor Printed Name: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PART IV: AFFIDAVIT OF EXEMPTION

I hereby claim an exemption from the requirements for workers' compensation on the following basis:

- ☐ **Property Owner:** I am an individual who is performing ALL the work authorized by the permit AND I own the property on which the work is being performed.
- ☐ **Sole Proprietor:** I am an individual contractor who is a sole proprietorship without any employees, AND I am performing ALL the work authorized by the permit.
- ☐ **Executive:** I am an officer of a corporation contractor duly authorized to make this claim for exemption AND the only employees who will be performing ANY work authorized by the permit are qualified as "executive employees" pursuant to Section 104 of the Workers' Compensation Act.
- ☐ **Religious:** All the employees who will be performing any of the work authorized by the permit are exempt for religious grounds pursuant to Section 304.2 of the Workers' Compensation Act.

I understand and agree that if Bethlehem Township receives notice that the basis set forth above for an exemption from the requirements for workers' compensation insurance is or becomes incorrect that it is required by law to issue a stop-work order.

On this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_ personally  
appeared before me, and proved to me through  
satisfactory evidence of identification to be the  
person whose name is signed on the preceding or  
attached document in my presence.

Notary Information

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CHECKLIST

## BUILDING PERMIT

### General Submittal Checklist

- ☐ Application
- ☐ Certificate of workers' compensation insurance (if applicable) – **Bethlehem Twp listed as certificate holder**
- ☐ Submission fee - \$100 deposit toward total permit cost
- ☐ 2 plot plans (if applicable – exterior work only)
- ☐ Site plan (if applicable)
- ☐ Other: \_\_\_\_\_

### Residential Submittal Checklist – Additional Materials

- ☐ 2 sets of plans (3 for electrical) (if applicable)
- ☐ 2 stamped drawings with calculations for engineered materials (if applicable)
- ☐ Application addendum (if applicable – depending upon project type)
- ☐ Design specifications (if applicable)
- ☐ Other: \_\_\_\_\_

### Commercial Submittal Checklist – Additional Materials

- ☐ 3 sets of signed and sealed plans – PA design professional required
- ☐ Other: \_\_\_\_\_

### Applicant Information

- Regulatory review periods do not begin until application is deemed complete
- Permits must be paid for and picked up within 6 months of approval notice
- Issuance of a permit is required prior to any work and/or change of use – fees doubled for work performed without a permit
- Permits are valid for 6 months from the date of issuance