



1130 N. Bethlehem Pike  
Spring House, PA 19477

215.646.5302 (p) 215.646.3357 (f)

### **APPLICATION FOR PERMIT**

*(All below relevant fields must be filled out prior to submission)*

**NOTE: EFFECTIVE JANUARY 1, 2026 ALL PERMIT SUBMISSIONS MUST FOLLOW THE 2021  
ADOPTED PAUCC CODES (CONTRACT REFLECTING AGREEMENT SIGNED PRIOR TO JANUARY 1, 2026 MUST BE  
INCLUDED IN PERMIT SUBMISSION TO SUBMIT PLANS UNDER THE 2018 IBC. 2018 CUT OFF DATE = JULY 1, 2026)**

**Address of work to be performed:** \_\_\_\_\_

**Property Type:**  Residential  Commercial **Zoning District:** \_\_\_\_\_

**Parcel Owner Name:** \_\_\_\_\_

**(copy of signed contract must be included with submission)**

**Parcel Owner Address:** (if different than address listed above)

\_\_\_\_\_ **Parcel Owner Phone:** \_\_\_\_\_

**Parcel Owner Email:** \_\_\_\_\_

**Contractor Information (current COI is required with each submission):**

**Business Name:** \_\_\_\_\_ **Contractor Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**HIC PA License # (residential work): PA** \_\_\_\_\_ **LGT Contractor License # (commercial work): C-** \_\_\_\_\_

**Architect/Engineer information:**

**Name:** \_\_\_\_\_

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

## **Zoning Information: (a site plan showing existing setbacks to be included with submission)**

Zoning District: \_\_\_\_\_ ZHB Approval Received: Yes ( ) N/A ( ) (copy of Decision & Order to be attached)

% of Current Impervious Coverage \_\_\_\_\_ % of Proposed Impervious Coverage: \_\_\_\_\_

Lot Frontage (width): \_\_\_\_\_ Lot Depth: \_\_\_\_\_

Current Front Yard Setback: \_\_\_\_\_ Current Rear Yard Setback: \_\_\_\_\_ Current Side Yard Setback: \_\_\_\_\_

Proposed Front Yard Setback: \_\_\_\_\_ Proposed Rear Yard Setback: \_\_\_\_\_ Proposed Side Yard Setback: \_\_\_\_\_

Height of Proposed Building: \_\_\_\_\_

## **Building Permit Information:**

### **Type of construction (check off all that apply):**

- New Construction (new homes require separate breakdown sheet of sq. footage of each level/patio/deck/garage/attic or crawl spaces)
- Pre-Submission Plan Review (Commercial)  Pre- Submission Plan Review (Single Family Residential)
- Kitchen Alteration  Oil Tank
- Reroof Commercial  Reroof Residential (required only if sheathing is being replaced)
- Alteration/Addition  Sheds (over 200 sf)
- Antenna/Cell Tower  Solar Panels
- Accessory Structures (decks 30" above grade (zoning permit < 30"), garages, porches, pavilions etc..)
- Bathroom Remodel  Swimming Pools, Tennis/Basketball Courts/Other Recreational Uses
- Demolition (SEE ATTACHED REQUIREMENT LIST)  Storage Tank
- Gas Fireplace  Stucco/Siding
- Generator (see generator requirement sheet)  Tenant Fit-Out
- Interior Renovation (attach worklist)  Tents (open sides > 700 sf / closed sides > 400 sf)

Sq. footage of work to be performed: \_\_\_\_\_ Cost of work: \$ \_\_\_\_\_

Type of Sewage:  Public/Private  Individual (septic tank etc.) Type of Water Supply:  Public/Private  Well

Automatic Fire Sprinkler System Installed  Yes  No Fire Alarm  Yes  No

Proposed Number of Employees: \_\_\_\_\_ Proposed Parking Spaces: \_\_\_\_\_

**Description of work:** \_\_\_\_\_

Approved By BCO: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ LGT PERMIT # \_\_\_\_\_

## **Electrical Permit Information:**

Electrical Contractor Information (current COI is required with each submission)

Business Name: \_\_\_\_\_

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

LGT Current Master Electrician License #: EL- \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cost of Work: \$ \_\_\_\_\_

Description of Electrical Work to be Performed:

  

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Electrical Inspection Agency (all electrical plans must have a third-party stamp prior to submission):

<input type="checkbox"/> Middle Department Inspection Agency	<input type="checkbox"/> Middle Atlantic Electrical Inspections
<input type="checkbox"/> Code Inspections	<input type="checkbox"/> Bureau Veritas North America
<input type="checkbox"/> United Inspection Agency	

*I do hereby attest that the information provided on this application is true and that I am versed in the National Electric Code and the Lower Gwynedd Township Electrical Ordinance; further, I understand that I am responsible for meeting the requirements of these codes on all work performed in Lower Gwynedd Township.*

Signature of Master Electrician: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

  

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Approved By BCO: \_\_\_\_\_ Date: \_\_\_\_\_

LGT Permit #: \_\_\_\_\_

## Plumbing Permit Information:

Plumbing Contractor Information (current COI is required with each submission)

Business Name: \_\_\_\_\_

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

LGT Current Master Plumber License #: P- \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cost of Work: \$ \_\_\_\_\_

### **BELOW FIXTURE TABLE MUST BE FILLED OUT:**

FLOORS	YARD	BASEMENT	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>	6 <sup>TH</sup>	7 <sup>TH</sup>	8 <sup>TH</sup>	9 <sup>TH</sup>	10 <sup>TH</sup>	TOTAL:
Toilets													
Bath Tubs													
Shower/Bath													
Lavatories													
Sinks													
Wash Tubs													
Slop Hopper													
Urinals													
Outlets													
Inground Pools													
*\$35 Garbage Grinder													
*\$150 Ejector Pump													
Gasline LP/NG													
Water Heater													
BYPASS METER													

*All proposed work under this application must be shown on plans and section. All vertical lines of soil, waste, leader and refrigerator pipes shall be designated by numbers or letters. A soil or waste line and its attendant vent line may be considered as one stack and so numbered or lettered. All work, materials and construction will be in accordance with the rules and regulations of the plumbing code. I do hereby attest that the information provided on this application is true, and that I am versed in the Lower Gwynedd Township Plumbing Ordinance; and further, I understand that I am responsible for meeting the requirements of these codes on all work performed in Lower Gwynedd Township*

Approved By BCO: \_\_\_\_\_ Date: \_\_\_\_\_

### **HVAC Permit Information:**

**RESIDENTIAL WORK: ATTACHED ACCA FORM AND MANUAL CALCULATION MUST BE SUBMITTED WITH YOUR APPLICATION**

**COMMERCIAL WORK: ALL INFORMATION REQUIRED TO DETERMINE CODE COMPLIANCE MUST BE PROVIDED WITH YOUR APPLICATION (Lower Gwynedd Contractor's License is required for all commercial work)**

HVAC Contractor Information (current COI is required with each submission)

Business Name: \_\_\_\_\_

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

HIC PA License # (residential work): PA\_\_\_\_\_ LGT Contractor License #: C-\_\_\_\_\_

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

Cost of Work: \$\_\_\_\_\_

Description of HVAC Work to be Performed:

  

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LGT PERMIT # \_\_\_\_\_

Approved By BCO: \_\_\_\_\_ Date: \_\_\_\_\_



## DETERMINING THE DIAMETER OF NG/LP PIPING

TOTAL BTU'S OF NG/LP APPLIANCES (INCLUDING GENERATOR) IN BUILDING: \_\_\_\_\_

TOTAL BTU'S ON DEDICATED LINE: \_\_\_\_\_

INLET PRESSURE: \_\_\_\_\_ OR \_\_\_\_\_

PSI

# FT OF PIPE RUN PROPOSED: + =

# FT. #BENDS X (FACTOR) TOTAL # FT.

## FACTOR

GENERAC AND HONEYWELL NG AND LP ADD 2.5 FT. FOR EACH BEND

KOHLER  
NG AND LP ADD 8 FT. FOR EACH BEND

**GAS PIPING MATERIAL PROPOSED (PLEASE CHECK MATERIAL PROPOSED)**

GALV PLASTIC CSST - TUBE SIZE(EHD) COPPER

#### DIAMETER GAS PIPING PROPOSED:

#### NOTES:

- A. PRESSURE TEST OF 1.5x THE OPERATING PRESSURE FOR NG/LP REQUIRED (PERFORMED IN THE PRESENCE OF CODE INSPECTOR);
- B. GALVANIZED PIPE MUST BE A MINIMUM OF 3-1/2" ABOVE GROUND;
- C. PLASTIC, COPPER NOT PERMITTED ABOVE GROUND UNLESS SLEEVED; CSST MUST BE SLEEVED IF INSTALLED BETWEEN GROUND AND A HEIGHT OF 6' FEET.



## PECO - New Business

PECO Lead #  
USE MCF/YR:  
ONLY E10:  
Acct#:

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**INSTRUCTIONS:**

Complete this application in its entirety and return via EMAIL to the appropriate PECO Office. Incomplete information WILL result in a delay in processing your application.

**New Business Hotline  
1-800-454-4100**

**Do not purchase or install any new gas fired appliances without first consulting with a PECO representative.  
All requests for new gas loads must be reviewed and approved for capacity.**

Any gas work downstream of the meter is the responsibility of the customer or their contractor representative. Any installations downstream of the meter must comply with the International Fuel Gas Code or local township building and fire codes.

**This application may be canceled within 90 days of PECO's response date if no further communication is received.**

If demolishing a building and require electric or gas facilities removed: **Call 8-1-1 (PA One Call) Demolition Requests**

Select the appropriate PECO office from the selection below

## PECO Gas Tariff

<input type="checkbox"/> <b>BUCKS &amp; MONTGOMERY COUNTIES</b> <b>Lower Merion is served by DelChester region</b> 400 Park Ave. Warminster, PA 18974 Fax # (215) 956-3240  Phone: <b>1-800-454-4100</b> Email: <a href="mailto:BucksMontNewBusiness@exeloncorp.com">BucksMontNewBusiness@exeloncorp.com</a>	<input type="checkbox"/> <b>DELAWARE, CHESTER &amp; YORK COUNTIES</b> <b>Lower Merion is served by DelChester region</b> 1060 W. Swedesford Rd. Berwyn, PA 19312 Fax # (610) 725-1416  Phone: <b>1-800-454-4100</b> Email: <a href="mailto:DelChesterNewBusiness@exeloncorp.com">DelChesterNewBusiness@exeloncorp.com</a>	<input type="checkbox"/> <b>NEW RESIDENTIAL CONSTRUCTION (WITH UNDERGROUND ELECTRIC)-ALL COUNTIES</b> 400 Park Ave. Warminster, PA 18947 Fax # (215) 956-3386 <b>Phone 1-800-454-4100</b> Email: <a href="mailto:NRCGCLS@exeloncorp.com">NRCGCLS@exeloncorp.com</a>
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<b>1. CUSTOMER INFORMATION</b>			<b>5. REQUEST TYPE</b>		
<input type="checkbox"/> Own Property		<input type="checkbox"/> Rent/Lease Property - Property Owner must authorize application		<input type="checkbox"/> New Gas Service to Existing structure	
CUSTOMER NAME		COMPANY NAME		<input type="checkbox"/> New Construction (Aerial Electric)	
PECO ELECTRIC ACCOUNT NUMBER		Tax ID #		<input type="checkbox"/> New Construction (Underground Electric)	
Customer Email Address		Customer Phone #		<input type="checkbox"/> Increase In Load	
Preferred Method of Communication		<input type="checkbox"/> Email <input type="checkbox"/> Phone		<input type="checkbox"/> Increase in Pressure	
<b>2. SERVICE ADDRESS DETAILS</b>					
SERVICE ADDRESS( <i>Input parcel ID if new construction</i> ) APARTMENT / LOT #					
CITY		STATE	ZIP CODE		
<b>3. PECO requires the property owner to enter into a service agreement, PECO will not enter into an agreement for service with building tenants, property managers, or renters. If the property owner is different than the customer, fill out the below section</b>					
OWNER NAME ( <i>if different from applicant</i> )		COMPANY NAME			
OWNER EMAIL ADDRESS		Tax ID			
ADDRESS		OWNER PHONE #			
CITY		STATE	ZIP CODE		
<b>4. CONTRACTOR INFORMATION</b>					
CONTRACTOR NAME		COMPANY NAME			
CONTRACTOR ADDRESS		ADDRESS 2:			
CITY		STATE	ZIP CODE		
Contractor E-mail Address		Contractor Cell Phone #			
<b>6. SERVICE TYPE</b>					
<input type="checkbox"/> <b>RESIDENTIAL</b>					
<input type="checkbox"/> <b>COMMERCIAL</b>					
<input type="checkbox"/> Single House		<input type="checkbox"/> Mobile Home		<input type="checkbox"/> Separation of Pipe	
<input type="checkbox"/> Apartment/Condo		<input type="checkbox"/> Modular Home		<input type="checkbox"/> Reintroduction of Service	
<input type="checkbox"/> Duplex/Triplex		<input type="checkbox"/> Town House		<input type="checkbox"/> Remove Service	
<input type="checkbox"/> Other				<input type="checkbox"/> Demo (PA 1 Call Notified)	
Area of Building _____ Sq. Ft.				<input type="checkbox"/> Service Relocation	
<b>7. BILLING RATE</b>					
<input type="checkbox"/> Residential					
<b>Commercial Options</b>					
<input type="checkbox"/> <b>Rate GC</b> - General Service for use in commercial and/or industrial applications, with the right reserved to restrict its use as boiler fuel and for other non-critical use.					
<input type="checkbox"/> <b>Transportation (5,000 MCF)</b> - shall consist of: the receipt of gas on behalf of a customer; the transportation of gas through the Company's distribution facilities; and the delivery of equivalent quantities of gas to the Customer, adjusted for thermal correction and system losses where applicable.					
<b>7A. For Commercial Applications only</b>					
<input type="checkbox"/> <b>FIRM</b> Firm - PECO will provide a continuous regular and uninterrupted supply of service as outlined in the current PECO Gas Tariff					
<input type="checkbox"/> <b>INTERRUPTABLE</b> Interruptible - Natural gas services can temporarily be discontinued under the terms of the current PECO Gas Tariff. Interruptible sales service is available to individual Customers who have dual-fuel capability or are willing to accept interruption of gas service. The Customer must have an estimated gas consumption of at least 3,000 Mcf / month during each month between April and November					
Are you currently a managed PECO customer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>8. METER INFO</b>					
<input type="checkbox"/> Single Meter Required					
<input type="checkbox"/> Multiple Meters Required - Total No. _____ <i>If multiple meters are being requested, list out appliances for each meter on a separate sheet below</i>					
<b>8A. Desired Meter Location:</b> when facing the front of the house from the street					
<i>NOTE: NO REAR OF PROPERTY METER INSTALLATION PERMITTED PECO will attempt to install meter at desired location unless infrastructure or building limitations prevent it</i>					
<input type="checkbox"/> Left Side Wall <input type="checkbox"/> Front House Wall <input type="checkbox"/> Right Side Wall (2ft from front of house) (2ft from front of house) (2ft from front of house)					
<b>9. CURRENT CONSTRUCTION STATUS</b>					
<input type="checkbox"/> Not Started - Date Customer Will Start Work: _____ <input type="checkbox"/> In Progress <input type="checkbox"/> Completed					
Is power currently ON at the facility <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>PECO cannot commence work until all required information, including approved plans, are confirmed received</b>					
<b>SEND REPIES TO:</b> <input type="checkbox"/> CUSTOMER <input type="checkbox"/> CONTRACTOR					



# PECO - New Business

## Application for Natural Gas Service

PECO Lead #:  
USE MCF/YR:  
ONLY EIO:  
Acct#:

**Do not purchase or install any new gas fired appliances without first consulting with a PECO representative.  
All requests for new gas loads must be reviewed and approved for capacity.**

Any gas work downstream of the meter is the responsibility of the customer or their contractor representative. Any installations downstream of the meter must comply with the International Fuel Gas Code or local township building and fire codes.

**This application may be canceled within 90 days of PECO's response date if no further communication is received.**

**INSTRUCTIONS:** For new service, only fill out New gas load section, if currently serviced by PECO gas, all existing appliances must be listed in the existing gas load section

### EXISTING

#### GAS APPLIANCES AND LOADS:

**BTU - British Thermal unit / Hour**  
typical units for residential and small commercial

**MCF / Hour- the volume of 1,000 cubic feet (~1.035 million BTUs)**  
typical for Industrial and large commercial operations

APPLIANCE TYPE (Indicate 0 if not applicable)	# OF UNITS	BTU/MCF INPUT PER UNIT PER HOUR (input load per appliance, your total load should reflect all appliances combined)
FURNACE		typical residential load: 80,000 - 140,000 BTUs per unit / unit
BOILER		typical residential load: 80,000 - 140,000 BTUs per unit / unit
WATER HEATER (TANK)		typical residential load: 30,000 - 80,000 BTUs per unit / unit
WATER HEATER (TANKLESS)		typical residential load: 160,000 - 250,000 BTUs per unit / unit
COOKING RANGE(S)		typical residential load: 20,000 - 60,000 BTUs per unit / unit
CLOTHES DRYER(S)		typical residential load: 20,000 - 40,000 BTUs per unit / unit
FIREPLACE(S)		typical residential load: 15,000 - 40,000 BTUs per unit / unit
GRILL(S)		typical residential load: 25,000 - 65,000 BTUs per unit / unit
POOL HEATER		typical residential load: 150,000 - 500,000 BTUs per unit / unit
FIRE PIT		typical residential load: 35,000 - 80,000 BTUs per unit / unit
GENERATOR		typical residential load: 250,000 - 350,000 BTUs per unit / unit
RTU		typical residential load: 200,000 - 500,000 BTUs per unit / unit
		/ unit
		/ unit

*Proof of installed appliances shall be presentable upon request from PECO.*

**TOTAL EXISTING GAS LOAD:**

**0**

total combined load for all appliances / hour

### NEW

#### GAS LOADS AND APPLIANCES:

**BTU - British Thermal unit / Hour**  
typical units for residential and small commercial

**MCF / Hour- the volume of 1,000 cubic feet (~1.035 million BTUs)**  
typical for Industrial and large commercial operations

APPLIANCE TYPE (Indicate 0 if not applicable)	# OF UNITS	BTU/MCF INPUT PER UNIT PER HOUR (input load per appliance, your total load should reflect all appliances combined)
FURNACE		typical residential load: 80,000 - 140,000 BTUs per unit / unit
BOILER		typical residential load: 80,000 - 140,000 BTUs per unit / unit
WATER HEATER (TANK)		typical residential load: 30,000 - 80,000 BTUs per unit / unit
WATER HEATER (TANKLESS)		typical residential load: 160,000 - 250,000 BTUs per unit / unit
COOKING RANGE(S)		typical residential load: 20,000 - 60,000 BTUs per unit / unit
CLOTHES DRYER(S)		typical residential load: 20,000 - 40,000 BTUs per unit / unit
FIREPLACE(S)		typical residential load: 15,000 - 40,000 BTUs per unit / unit
GRILL(S)		typical residential load: 25,000 - 65,000 BTUs per unit / unit
POOL HEATER		typical residential load: 150,000 - 500,000 BTUs per unit / unit
FIRE PIT		typical residential load: 35,000 - 80,000 BTUs per unit / unit
GENERATOR		typical residential load: 250,000 - 350,000 BTUs per unit / unit
RTU		typical residential load: 200,000 - 500,000 BTUs per unit / unit
		/ unit
		/ unit

*Proof of installed appliances shall be presentable upon request from PECO.*

**TOTAL NEW GAS LOAD**

**0**

total combined load for all appliances / hour

### REQUESTED GAS DELIVERY PRESSURE

#### RESIDENTIAL

- 6" WC (Water Column) - Most Common - Default for residential**
- 12.2" WC (Water Column) - Considered Elevated Pressure**
- 2 PSIG - Rare for residential, additional justification must be provided**

#### COMMERCIAL

- 6" WC (Water Column)**
- 12.2" WC (Water Column)**
- 2 PSIG**
- 5 PSIG**
- 10 PSIG**
- LINE PRESSURE - additional justification must be provided**

If available, provide the following documents with your application

- Site Plan
- Elevation Plan

*I hereby certify that, to the best of my knowledge, the provided information in this application is true and accurate.*

**SUBMITTED BY:** Print name

signature

DATE: