



Upper Salford Township

P.O. Box 100
Salfordville, PA 18958-0100
610-287-6160

Date Stamp

ALTERNATIVE ENERGY SOURCES PERMIT APPLICATION

LOCATION OF PROPOSED STRUCTURE:

Permit # _____

County: Montgomery Municipality: Upper Salford Township Zoning District: _____

Site Address: _____ Tax Parcel # _____

Lot # _____ Subdivision/Land Development: _____ Phase: _____ Section: _____

Owner: _____ Phone # _____ Fax # _____

Mailing Address: _____ Cell: _____

Principal Contractor: _____ Phone # _____ Fax # _____

Mailing Address: _____ Cell: _____

Design Professional: _____ Phone # _____ Fax # _____

Mailing Address: _____ Cell: _____

TYPE OF WORK OR IMPROVEMENT: ☐ Roof mounted ☐ Ground mounted ☐ Other

TYPE OF WATER SUPPLY: ☐ Private (well)

USE: (circle): Residential Commercial Industrial Other _____

Type of Installation (circle): New Alteration Repair Other _____

Service: Job #: _____

Amperage: _____ Phase: _____

Describe all proposed work: _____

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ _____

NOTE:

1. All applications must be accompanied by specifications of all equipment to be installed.
2. All residential roof mounted equipment applications must be accompanied by details of the roof structure, (framing details, type of roof and lumber species, finish with ceiling or open rafters) and mounting details (unit weight and dimensions). Identify any other existing equipment mounted on the roof, if so, estimated size, location and weight.



Upper Salford Township

P.O. Box 100
Salfordville, PA 18958-0100
610-287-6160

Date Stamp

3. All commercial applications must be accompanied by drawings signed and sealed by a licensed architect or professional engineer.
4. All ground mounted equipment applications must be accompanied by Manufacturer's Specifications and Installation Requirements. If not pre-engineered by Manufacturer, then the application must be accompanied by signed and sealed engineered drawings.
5. All applications must be accompanied by a Plot Plan – (Provide scaled plan of entire property. Identify streets adjacent to property. Place all structures, with size dimensions (length/width) indicated, within property lines and indicate whether existing or proposed. Indicate front yard, side yard, and rear yard setbacks by showing the distance from structures to property lines on all sides. The property owner is responsible for the accuracy of this plot plan. On-lot sewage disposal systems, wells and/or any easements/deed restrictions must be indicated.
6. All required inspections are indicated on the permit card. The property owner or authorized agent is responsible for scheduling all inspections.
7. **Work may not start until a permit has been approved and issued. The permit cards are to be displayed so as to be visible from the street.**

FLOODPLAIN:

Is the site located within an identified flood hazard area? *(Check One)*

☐ YES ☐ NO

Will any portion of the flood hazard area be developed? *(Check One)*

☐ YES ☐ NO ☐ N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and/or applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work. Permits issued will be in the name of the property owner.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.



Upper Salford Township

P.O. Box 100
Salfordville, PA 18958-0100
610-287-6160

Date Stamp

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. IF ANY INFORMATION IS FOUND TO BE FALSE OR INCORRECT THE PERMIT WILL BECOME NULL AND VOID.

Date: _____

Applicant's Signature

Date: _____

Applicant's Signature

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address

Date

Directions to Site: _____

Call Technicon Enterprises Inc., II for all inspections:

Technicon Enterprises Inc., II
200 Bethlehem Drive, Suite 201
Morgantown, PA 19543
Phone: 610-286-1622 **Fax:** 610-286-1679

A minimum of twenty-four (24) hours notice is required for inspections.

When scheduling inspections, the contractor must ensure he has completed all the items necessary for the inspection. Should the Building Inspector/Zoning Officer be required to make additional inspections, a re-inspection fee will be due to defray the cost of the inspection. The entire fee must be paid prior to the inspection.

TECHNICON ENTERPRISES INC., II USE ONLY

Plan Review: _____

Permit: _____

Total Fee: _____

Issued by: _____

Date: _____