



WHITEHALL TOWNSHIP
SUBMITTAL FOR INSTALLATION of SOLAR PANELS

Revised JUNE 2023

TO BE ACCEPTED, SOLAR PANEL PERMIT APPLICATIONS MUST INCLUDE EACH OF THE FOLLOWING:

- ☐ **Completed building AND electrical permit applications.** Must be filled out and signed by the contractor or person doing the work.
- ☐ **Non-refundable application fee** (\$150.00 for commercial, \$60.00 for residential) for both the building **and** electrical permit application payable to **Whitehall Township**. You may write out (1) one check for both fees. Additional fees will be due at permit issuance.
- ☐ **Certificate of insurance** showing Worker's Compensation coverage **OR** a notarized exemption affidavit form. The insurance certificate must show Whitehall Township as the certificate holder. We do not keep any insurance certificates on file.
- ☐ **Three (3) sets of construction plans are required.** The plans must include the following:
 - Provide SITE specific stamped documentation from a design professional registered with the State of Pennsylvania verifying if the existing roof structure will support the additional loads from the PV system and if not, what measures must be taken. It should also verify the system is capable of withstanding a minimum of 115 mph wind loads and a ground snow load of 40 psf. UCC 403.42(a)(C).
 - Please provide a roof coverage area calculation.
 - All Documents must reference the currently adopted code of the Township.
 - 2018 IRC – One- and Two-Family Dwellings
 - 2018 IBC – All others
- ☐ Contractor must have a valid Business Privilege License with the Treasurer's office.

ALL ITEMS MUST BE COMPLETE AT TIME OF SUBMISSION. FAILURE TO COMPLETE ALL ITEMS WILL RESULT IN APPLICATION DENIAL.

Please submit all documents to the Township at 3219 MacArthur Road, Whitehall, PA 18052.

No. _____

| | | |
|--|--|-------------------------------------|
| LOCATION OF PROPOSED WORK OR IMPROVEMENT | | Zoning District _____ |
| Site Address: _____ | | Tax Parcel # _____ |
| Lot # _____ | | Subdivision/Land Development: _____ |
| | | Phase: _____ |
| | | Section: _____ |
| Owner: _____ | | |
| | | Email: _____ |
| Mailing Address: _____ | | Phone #: _____ |
| Occupant/Tenant: _____ | | |
| | | Email: _____ |
| Mailing Address: _____ | | Phone #: _____ |
| Contractor: _____ | | |
| | | Email: _____ |
| Mailing Address: _____ | | Phone #: _____ |
| Architect: _____ | | |
| | | Email: _____ |
| Mailing Address: _____ | | Phone #: _____ |
| TYPE OF WORK OR IMPROVEMENT (Check One) <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Temporary Trailer <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other (Shed, Driveway, Fence, etc.) Describe the proposed work: _____ _____ _____ | | |
| NOTE: If setting up a manufactured home, the following number is also REQUIRED . * MANUFACTURED HOUSING BOARD LICENSE # _____ | | |
| ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ _____ | | |
| DESCRIPTION OF BUILDING USE (Check One) RESIDENTIAL <input type="checkbox"/> One-Family Dwelling (R-3) <input type="checkbox"/> Two-Family Dwelling (R-3) <input type="checkbox"/> Multi-Family (R-2) <input type="checkbox"/> Hotels (R-1) NON-RESIDENTIAL Specific Use: _____ Use Group: _____ Change in Use <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Indicate Former: _____ Maximum Occupancy Load _____ Maximum Live Load _____ | | |
| BUILDING/SITE CHARACTERISTICS Number of Residential Dwelling Units: _____ Existing _____ Proposed _____ Mechanical: Indicate Type of Heating / Ventilating / Air Conditioning (i.e. electric, gas, oil, etc.) _____ Water Service: (Check) <input type="checkbox"/> Public <input type="checkbox"/> Private Sewer Service: (Check) <input type="checkbox"/> Public <input type="checkbox"/> Private Does or will your building contain any of the following: Fireplace(s): Number _____ Type of Fuel _____ BTU's _____ Type Vent _____ Elevator/Escalators: <input type="checkbox"/> YES <input type="checkbox"/> NO Lifts/Moving Walks: <input type="checkbox"/> YES <input type="checkbox"/> NO Sprinkler System: <input type="checkbox"/> YES <input type="checkbox"/> NO Pressure Vessels: <input type="checkbox"/> YES <input type="checkbox"/> NO Refrigeration Systems: <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

BUILDING DIMENSIONS

Existing Building Area: _____ sq. ft.
Proposed Building Area: _____ sq. ft.
Total Building Area: _____ sq. ft.

Number Of Stories: _____
Height of Structure Above Grade: _____ ft.
Area of the Largest Floor: _____ sq. ft.

FLOODPLAIN (This section is REQUIRED to be completed)

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

☐ YES

☐ NO

What Zone? (*Check One*) _____ A _____ AE _____ X

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

☐ YES

☐ NO

Owner/Agent shall verify that any proposed construction 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 (d)*. Fair Market Value of Structures \$ _____

******Start of work must commence within 180 days from the issuance of permit ******

PROPERTY OWNER CERTIFICATION

I, the owner/lessee of the property subject of this building permit do hereby acknowledge that it is my sole responsibility to be certain the exact location of my property lines, as well as any Flood Hazard areas, other covenants, deed restrictions, easements or rights of way encumbering same (as shown on my deed); and by submitting this permit application am certifying that all proposed construction will be in accordance to all required setbacks, based upon my property location.

PROPERTY

OWNER SIGNATURE **X** _____ **PRINT NAME** _____

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 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 only if there is no contractor involved, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

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 provisions of the code(s) applicable to such permit.

X

SIGNATURE of Property Owner

Print Name of Property Owner

X

SIGNATURE of Authorized Agent/Contractor

Print Name of Authorized Agent/Contractor

Contractor Address

Date

Directions to Site: _____

FOR CODE ADMINISTRATOR USE ONLY

ADDITIONAL PERMITS / APPROVALS REQUIRED:

| | |
|---|----------------|
| <input type="checkbox"/> STREET CUT/DRIVEWAY | APPROVED _____ |
| <input type="checkbox"/> CUT AND FILL | APPROVED _____ |
| <input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY | APPROVED _____ |
| <input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN | APPROVED _____ |
| <input type="checkbox"/> SEWER CONNECTION | APPROVED _____ |
| <input type="checkbox"/> ON-LOT SEPTIC | APPROVED _____ |
| <input type="checkbox"/> ZONING | APPROVED _____ |
| <input type="checkbox"/> HARB | APPROVED _____ |
| <input type="checkbox"/> OTHER _____ | APPROVED _____ |

PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

| Type of document: | Submitted | Signed & Sealed | Date: | Revision Date: |
|--------------------------|--|--|-------|----------------|
| Foundation Plans | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| Construction 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 | _____ | _____ |
| Mechanical Drawings | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| Plumbing Drawings | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| Specifications | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| Workers Comp Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No | | _____ | _____ |

APPROVALS:

BUILDING PERMIT DENIED: Date _____ Date Returned _____

BUILDING PERMIT APPROVED: _____ Date _____

ZONING / CODE ADMINISTRATOR _____

Date Issued _____ Date of Inspection _____

BUILDING PERMIT FEE _____ SPRINKLER PERMIT FEE (if appl.) _____

PLAN REVIEW FEE (if appl.) _____ ZONING PERMIT FEE (if appl.) _____

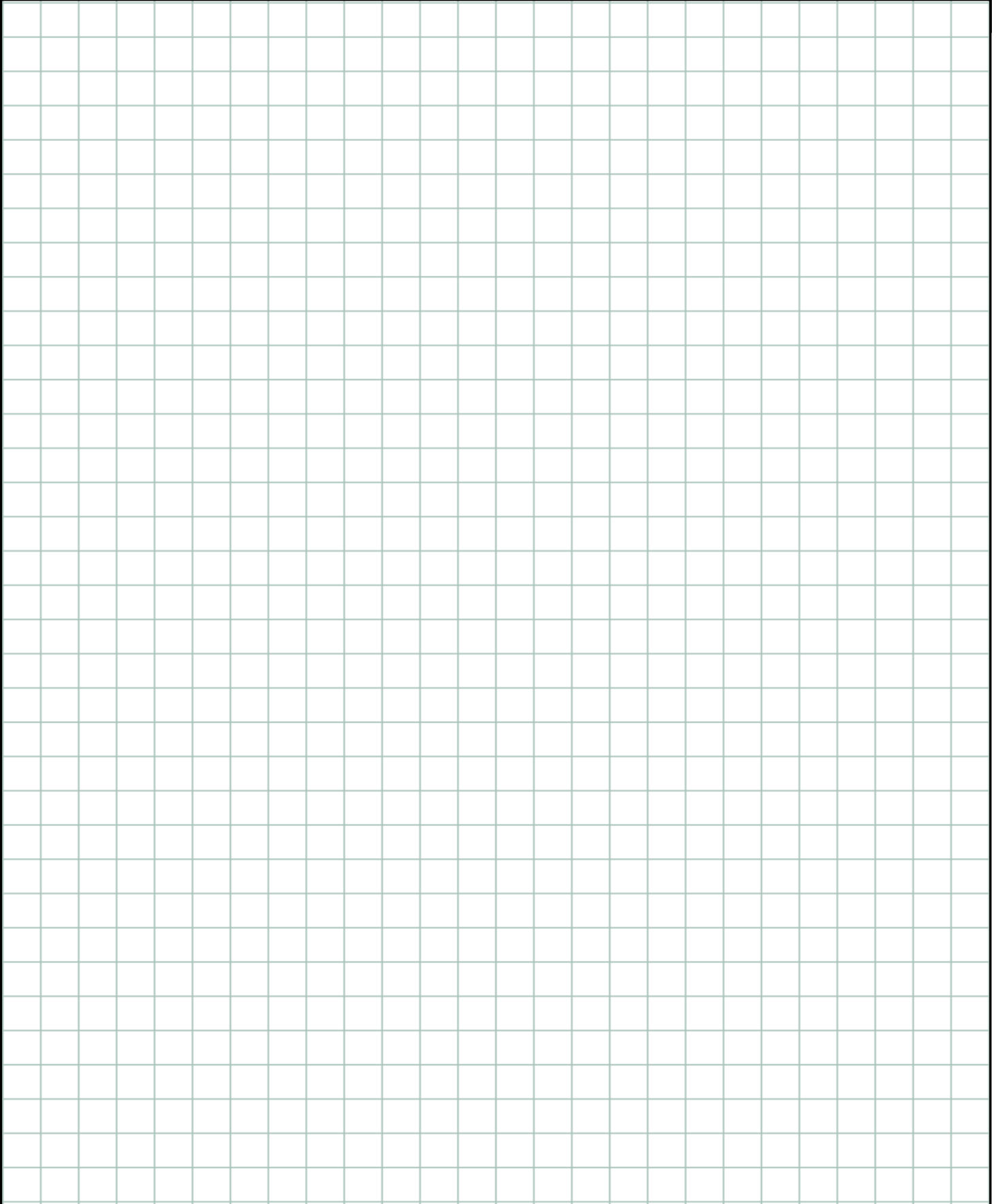
TOWNSHIP FEE _____ APPLICATION FEE (if appl.) _____

PA STATE UCC FEE _____ OTHER _____

TOTAL DUE \$ _____

NOTES:

**SITE OR PLOT PLAN – FOR APPLICANT USE – SHOW ALL PROPERTY LINES -LABEL STREETS AND ALLEYS-
ALL EXISTING STRUCTURES**





WHITEHALL TOWNSHIP ELECTRICAL PERMIT APPLICATION

Non-refundable application fee due at time of submission.

\$60.00 for residential and \$150.00 for commercial. Additional fees will be due at permit issuance.

PERMIT #: **E#** _____

ISSUE DATE: _____

SECTION 1 – APPLICANT INFORMATION

PLEASE PRINT LEGIBLY AND MUST FILL OUT FORM COMPLETELY

PROPERTY ADDRESS: _____ APPLICATION DATE: _____

TENANT NAME: _____ PHONE: _____

CONTRACTOR NAME: _____ PHONE: _____

CONTRACTOR ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

Application is hereby made for a permit to install or alter an electrical service and systems and/or heating systems on the premises described herewith. The information provided on this application, together with the electrical plan and/or heating plan, is made part of this application by the Undersigned. It is understood and agreed by the Contractor/Applicant that any error, misstatement, or misrepresentation of material fact, either with or subsequent to the issuance of the permit, without the approval of the Township, shall constitute sufficient grounds for the revocation of this permit and/or prosecution for violation of Township Ordinances. I agree that all work authorized under this permit shall be in accordance with Whitehall Township Ordinances and has been authorized by the Owner of record to make the within application.

Signature of Contractor / Applicant: _____

PRINT NAME: _____

PROPERTY OWNER NAME: _____ PHONE: _____

OWNER ADDRESS: _____ FAX/CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

PLEASE COMPLETE SECTION 2 “WORK TO BE DONE” ON PAGE 2

SECTION 3 – FEES AND APPROVALS (For Staff Use Only)

APPROVAL / DENIAL:

☐ ELECTRICAL _____

REVIEWER

DATE

ITEMS TO INCLUDE WITH APPLICATION

- ☐ APPLICATION
FEE
☐ PLANS / SPECS

FEES:

☐ PERMIT FEE \$ _____

☐ P/R FEE \$ _____

☐ TWSP. FEE \$ _____

☐ PA UCC FEE \$ _____

SUBTOTAL \$ _____

☐ APPLICATION FEE* \$ _____

CASH / CHECK # _____

* Application Fees are non-refundable

BALANCE DUE \$ _____

DATE PAID: _____

CASH / CHECK # _____

☐ APPLICANT CALLED / EMAILED

DATE: _____

CONDITIONS:

SECTION 2 – WORK TO BE DONE

ELECTRICAL INFORMATION – PLEASE NOTE: Electrical work for deferred submittals (i.e., signage, fire alarms, low voltage) must be listed on a separate electrical permit application when deferred items are submitted for approval.

DESCRIPTION OF PROPOSED WORK: _____

| | | | |
|--|--|--|--|
| <u>TYPE OF STRUCTURE:</u> <input type="checkbox"/> 1 or 2 FAMILY DWELLING <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MULTI-FAMILY <u>TYPE OF WORK:</u> <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER: _____ | <u>APPLICATION FOR:</u> <input type="checkbox"/> WIRING <input type="checkbox"/> SERVICE <input type="checkbox"/> BONDING <input type="checkbox"/> ABOVE GROUND POOL <input type="checkbox"/> INGROUND POOL <u>USE EXISTING WIRING:</u> <input type="checkbox"/> YES <input type="checkbox"/> NO | <u>SERVICE INFORMATION:</u> <input type="checkbox"/> NEW <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE Size of Service: _____ amp Number of Meters: _____ Subpanels: _____ <input type="checkbox"/> OVERHEAD <input type="checkbox"/> UNDERGROUND PPL JOB#: _____ PA ONE CALL#: _____ | <u>TOTAL NUMBER OF SIGNS:</u> (Use additional sheets if necessary) <input type="checkbox"/> WALL MOUNTED _____ <input type="checkbox"/> FREESTANDING _____ National Testing Lab#: _____ _____ _____ _____ |
|--|--|--|--|

| ROUGH WIRING OUTLETS | NUMBER | <u>LIST ALL EQUIPMENT QUANTITIES AND WIRING:</u> |
|----------------------|--------|---|
| SWITCHES | | |
| RECEPTACLES | | |
| LIGHTING | | |
| OTHER | | |
| | | |

ELECTRIC HEAT _____ (Watts)
 HEAT PUMP _____ AIR CONDITIONER _____ WATER HEATER _____ RANGE _____
 OVEN _____ GARBAGE DISPOSAL _____ DISHWASHER _____ DRYER _____
 SURFACE UNIT _____ FRACTIONAL H.P. MOTORS _____ SITE LIGHTING _____
 GENERATOR _____ OTHER: _____

LOW-VOLTAGE ELECTRICAL INFORMATION

| | |
|---|---|
| <u>APPLICATION FOR:</u> <input type="checkbox"/> THERMOSTAT SYSTEM <input type="checkbox"/> CABLE TELEVISION SYSTEM <input type="checkbox"/> SECURITY ALARM SYSTEM <input type="checkbox"/> SECURITY CAMERA SYSTEM <input type="checkbox"/> VOICE/TELEPHONE SYSTEM <input type="checkbox"/> DATA SYSTEM <input type="checkbox"/> INTERCOM SYSTEM <input type="checkbox"/> FIRE ALARM SYSTEM <input type="checkbox"/> ACCESS CONTROL SYSTEM <input type="checkbox"/> OTHER: _____ _____ _____ | IS ALL EQUIPMENT LISTED AND LABEL BY A NATIONALLY RECOGNIZED TESTING LAB? <input type="checkbox"/> YES (Supply Documentation) <input type="checkbox"/> NO (May require field evaluation by a Nationally Recognized Testing Lab) ARE ALL PERIPHERALS LISTED AS COMPATIBLE WITH THE POWER SUPPLIES AND CONTROL PANELS? <input type="checkbox"/> YES (Supply Documentation) <input type="checkbox"/> NO (May require field evaluation by a Nationally Recognized Testing Lab) |
|---|---|

Revised SEPTEMBER 2023