



# Aston Township Accessibility Permit—Commercial

2 New Road, Suite 123, Phone 610-494-0384, Fax 610-494-8853  
\$415.50 Fee;

Date of Application \_\_\_\_\_ Permit # \_\_\_\_\_ Folio # \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Mailing Address/City** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Job Site Address** \_\_\_\_\_

**Contractor Name** \_\_\_\_\_ **Address/City** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Contractor License Number** \_\_\_\_\_ **Copy of Workman Comp. Certificate** \_\_\_\_\_

Type of Building: (Check One) Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other \_\_\_\_\_

Used As: \_\_\_\_\_

Type of Work: (Check One) New \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_ Other \_\_\_\_\_

Description Of Work (Please be very specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Square Footage \_\_\_\_\_ Total Cost of Improvements \_\_\_\_\_

## 48 Hour Notice Required to Schedule Individual Required Inspections

The accessibility submission shall include any and all accessibility requirements from other construction disciplines. Accessibility plans shall be of sufficient detail to permit a complete understanding of the scope of your project. Interior elevations shall be provided for all cabinet work and millwork. A detailed accessibility assessment shall be provided. Site plans in a detail no greater than 1 inch = 20 feet shall be provided. All accessible routes and parking shall be shown on the plans. Restroom details shall be at a scale not greater than 1/4 inch per foot. All signage required by Chapter 10 and Chapter 11 of the IBC as well as that signage required by the ANSI A117.1 standard shall be clearly detailed on the plans. Plans shall show sign locations and the range of mounting elevations provided by the code. Be specific! Clearly show the reach ranges where applicable, the requirements for tempered water, show whether approaches or from the front or side, accessible routes and facilities within buildings, door and cabinet pulls, heights of switches, receptacles, telephones, alarm keypads, pull stations, alarm alerting devices, etc. The design professional shall provide the following accessibility items. During recent audits the PA Department of Labor & Industry has shown "zero tolerance" in any deviations from accessibility requirements.

The design professional shall submit a thoroughly detailed plan clearly showing all required accessibility elements. After the plans have been released for construction, the design professional shall review the structure during the rough-in phases for required accessibility elements. Prior to a request for the final Use & Occupancy inspection and approval, the design professional shall review all plan elements for accessibility compliance.

Remember that the more detailed your plan submission, the more expedient the plan review process is, resulting in a quicker turn-around time with less plan review comments requiring responses. You can not provide too much detail, but you can provide too little.

Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and/or made this application and is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the ordinances of the Township of Aston and applicable Building Codes. I realize that the information that I have stated herein, forms a basis for the issuance of the building permit herein applied for and approval of any plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of the UCC therewith. Where no work has been started within 180 days after the issuance of a permit or when more than 180 days lapses between approval of required inspections, such permit shall be void.

I hereby certify that I am the owner at this address or that, for the purpose of obtaining this approval, I am acting on behalf of the owner. All contract work on this project will be done by a contractor holding valid Pa. Contractor License.

\_\_\_\_\_  
Signature of Owner/Representative

\_\_\_\_\_  
Signature of Contractor

Do Not Use. Department Use Only

Township Permit Fee \_\_\_\_\_

Pa. U.C.C. Surcharge \$4.50

Total Permit Fees \_\_\_\_\_

Check # \_\_\_\_\_ Money Order \_\_\_\_\_

Permit Issued Date \_\_\_\_\_ Zoning Approval \_\_\_\_\_

Building Code Official: \_\_\_\_\_

Date: \_\_\_\_\_