



**WHITEHALL TOWNSHIP
RETAINING WALL
SUBMISSION CHECKLIST**

Revised JANUARY 2026

**TO BE ACCEPTED, RETAINING WALL PERMIT APPLICATIONS
MUST INCLUDE EACH OF THE FOLLOWING:**

- Completed permit application(s).** Must be filled out and signed by contractor or person doing the work. On your application, please provide a valid email address for correspondence. No faxed or emailed applications will be accepted.
- Non-refundable application fee** (\$150.00 for commercial, \$60.00 for residential) payable to **Whitehall Township**. 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 list Whitehall Township as the certificate holder. We do not keep any insurance certificates on file.
- A site plan** showing all setbacks for retaining wall(s), all existing structures on lot, property line dimensions and what surrounds the property, and any right of ways or easements encumbering lot. Retaining walls cannot be in the public right of way. Retaining walls cannot constitute a vision obstruction at intersections and may not be located within any clear sight triangle.
- Construction plans.** Provide THREE (3) sets of drawings. Plans must include the height of the wall and what it holds back, elevation drawings, how it will be constructed and the materials used to build.
 - Walls over 4' tall shall be designed by a design professional registered with the State of Pennsylvania.
 - Special inspections by a geotechnical engineer or other qualified professional are required.
- Contractor must contact the Treasurer (Ext. 1143) for business license status/requirements. No work can be done in the township without a valid license.

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

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

**WHITEHALL TOWNSHIP
3219 MACARTHUR ROAD
WHITEHALL, PA 18052**

No. _____

Permit No. _____

Address _____

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) New Building Addition Alteration

Repair Demolition Temporary Trailer Sprinkler Other (Shed, Driveway, Fence, etc.)

Describe the proposed work:

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

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL

One-Family Dwelling (R-3) Two-Family Dwelling (R-3) Multi-Family (R-2) Hotels (R-1)

NON-RESIDENTIAL Specific Use: _____ Use Group: _____

Change in Use YES 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) Public Private **Sewer Service:** (Check) Public Private

Does or will your building contain any of the following:

Fireplace(s): Number _____ **Type of Fuel** _____ **BTU's** _____ **Type Vent** _____

Elevator/Escalators: YES NO **Lifts/Moving Walks:** YES NO

Sprinkler System: YES NO **Pressure Vessels:** YES NO

Refrigeration Systems: YES 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.

NOTE: If setting up a manufactured home, the following number is also **REQUIRED**.

* MANUFACTURED HOUSING BOARD LICENSE # _____

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 YES NO

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

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	<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**

