



**Worcester Township**  
**1721 Valley Forge Road**  
**P.O. Box 767**  
**Worcester, PA 19490-0767**  
**Phone: 610-584-1410**  
**Fax: 610-584-8901**

DATE RECEIVED (OFFICE USE ONLY)

PRE-PAYMENT FOR PERMIT APPLICATIONS IS **REQUIRED**.  
 ALL PERMIT APPLICATIONS MUST BE SUBMITTED **WITH** PAYMENT.  
 PLEASE REVIEW THE TOWNSHIP FEE SCHEDULE TO CALCULATE FEE.

PARCEL INFORMATION (OFFICE USE ONLY)	APPLICATION NO:
PARCEL NO: 6700-	UNIT NO:
BLOCK NO:	ZONING DIST:

# BUILDING PERMIT APPLICATION

1. PROPERTY LOCATION / ADDRESS

2. PROPERTY OWNER	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

3. CONTRACTOR	
PA Contractor: (Attach PA Copy & Insurance Liability & Worker's Comp)	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

4. APPLICANT - <input type="checkbox"/> Same as Owner <b>OR</b> <input type="checkbox"/> Same as Contractor	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

5. BRIEF DESCRIPTION OF WORK & COST <input type="checkbox"/> RESIDENTIAL <b>OR</b> <input type="checkbox"/> COMMERCIAL	
Description:	
Total cost or entire project: \$	

6. IS ANY NEW BUILDING WORK BEING DONE <input type="checkbox"/> YES <b>OR</b> <input type="checkbox"/> NO	
<i>Applicant may be required to provide additional documentation including, but not limited to two sets of: A plot plan, sketches, sealed architectural / structural plans, specifications, truss drawings, etc. as requested.</i>	
Indicate Proposed Work: (check all that apply) <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Interior Alteration	
<input type="checkbox"/> Garage <input type="checkbox"/> Deck (over 30" above grade) <input type="checkbox"/> Deck / Patio with Roof <input type="checkbox"/> Pool or Hot Tub <input type="checkbox"/> Fire Place	
<input type="checkbox"/> Solar <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Demolition (attach extermination & utility shut off letter) <input type="checkbox"/> Other _____	
<b>Total Square Ft of Project Area :</b>	<b>Total Estimated Cost (Building only) \$</b>

<b>7. IS ANY NEW ELECTRICAL WORK BEING DONE <input type="checkbox"/> YES OR <input type="checkbox"/> NO</b>			
<i>Applicant must submit two sets of electrical plans signed off by a third party electrical agency</i>			
Total #	New	Replacement	Type
	<input type="checkbox"/>	<input type="checkbox"/>	Service _____ AMPS
	<input type="checkbox"/>	<input type="checkbox"/>	Sub panels
	<input type="checkbox"/>	<input type="checkbox"/>	Outlets
	<input type="checkbox"/>	<input type="checkbox"/>	Switches
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)
			<b>Total Estimated Cost (Electric only) \$</b>

\*Worcester Township does not inspect electrical work. Applicants are required to have third-party inspect electric work. See page 7 for more information.

<b>8. IS ANY NEW PLUMBING WORK BEING DONE <input type="checkbox"/> YES OR <input type="checkbox"/> NO</b>							
<i>Applicant may be required to provide additional documentation including, but not limited to two sets of: The plumbing riser diagram, sealed architectural plans, specifications, etc. as requested.</i>							
	Basement	1st Fl	2nd Fl	3rd FL	4th FL	Exterior	Total #
Bath tubs / Showers							
Dishwashers							
Drinking fountains							
Ejector pumps							
Floor drains / Floor sinks							
Garbage disposals							
Grease trap / Interceptors							
Water heaters							
Hose bibs							
Mop sinks							
Sinks / Lavatories							
Toilets / Urinals							
Laundry tub							
Water softeners							
Washing machines							
Sump pumps							
Back flow preventer							
Other:							
<b>Total No. of Fixtures:</b>							_____
<b>WATER AND SEWER <input type="checkbox"/> YES OR <input type="checkbox"/> NO</b>							
Water service	<input type="checkbox"/> New Service or <input type="checkbox"/> Replace Exist			<input type="checkbox"/> Public Water or <input type="checkbox"/> Private Well			
Sewer lateral	<input type="checkbox"/> New Service or <input type="checkbox"/> Replace Exist			<input type="checkbox"/> Public Sewer or <input type="checkbox"/> Private Septic			
<b>LAWN SPRINKLER <input type="checkbox"/> YES OR <input type="checkbox"/> NO</b>							
Lawn Sprinkler	<input type="checkbox"/> New Sprinkler or <input type="checkbox"/> Replace Exist						
<b>Total Estimated Cost (Plumbing only) \$</b>							

<b>9. IS ANY NEW MECHANICAL WORK BEING DONE <input type="checkbox"/> YES OR <input type="checkbox"/> NO</b>					
<i>Applicant may be required to provide additional documentation including, but not limited to two sets of: A plot plan, the signed and sealed mechanical plans, specifications, etc. as requested.</i>					
Total #	New	Replacement	Type	Fuel Type	Tons / BTU's
	<input type="checkbox"/>	<input type="checkbox"/>	Heater		
	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioner		
	<input type="checkbox"/>	<input type="checkbox"/>	Gas Fire Place		
	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust ( Kitchen / Bath)		
	<input type="checkbox"/>	<input type="checkbox"/>	Generator		
	<input type="checkbox"/>	<input type="checkbox"/>	Pool Heater		
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)		
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/> Extension of existing supply/return ducts only					
<b>GAS SERVICE</b>					
Natural Gas <input type="checkbox"/> New or <input type="checkbox"/> Upgrade			Propane <input type="checkbox"/> YES or <input type="checkbox"/> NO		
<b>IF UPGRADING GAS SERVICE PLEASE ATTACH THE PECO INCREASE OF NATURAL GAS FORM</b>					
<b>Total Square Ft of Project Area :</b>			<b>Total Estimated Cost (Mechanical only) \$</b>		

<b>10. IS ANY NEW FIRE ALARM WORK BEING DONE <input type="checkbox"/> YES OR <input type="checkbox"/> NO</b>					
<i>Applicant may be required to provide additional documentation including, but not limited to two sets of: The fire alarm shop plans, calculations, specifications, etc. as requested.</i>					
Total #	New	Replacement	Type		
	<input type="checkbox"/>	<input type="checkbox"/>	Fire Alarm Panel		
	<input type="checkbox"/>	<input type="checkbox"/>	Pull Stations		
	<input type="checkbox"/>	<input type="checkbox"/>	Horn / Strobes		
	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detectors		
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)		
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)		
<b>Total Square Ft of Project Area :</b>			<b>Total Estimated Cost (Fire Alarm only) \$</b>		

<b>11. IS ANY NEW SPRINKLER WORK BEING DONE <input type="checkbox"/> YES OR <input type="checkbox"/> NO</b>					
<i>Applicant may be required to provide additional documentation including, but not limited to two sets of: The sprinkler shop plans, calculations, specifications, etc. as requested.</i>					
Total #	New	Replacement	Type		
	<input type="checkbox"/>	<input type="checkbox"/>	Type of system: _____		
	<input type="checkbox"/>	<input type="checkbox"/>	Water Supply : _____		
	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Hood		
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)		
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)		
<b>Total Square Ft of Project Area :</b>			<b>Total Estimated Cost (Sprinkler only) \$</b>		

<b>12. APPLICANT CHECKLIST Note: Some items may not be required</b>	
<input type="checkbox"/>	<b>Completed and signed building permit application (4 pages)</b>
<input type="checkbox"/>	<b>2 copies of the plot plan</b>
<input type="checkbox"/>	<b>Homeowner's Association Approval Letter (If Applicable)</b>
<input type="checkbox"/>	<b>Grading permit (separate application) – if the project exceeds 500 sq. ft.</b>
<input type="checkbox"/>	<b>2 copies of the grading plan (Residential) or 3 copies of the grading plan (Commercial)</b>
<input type="checkbox"/>	<b>2 copies of the construction plans (plans may be required to be signed and sealed by a design professional)</b>
<input type="checkbox"/>	<b>2 copies of the electrical plans signed off by a third party Electrical Agency NOTE - required for ALL electrical permits</b>
<input type="checkbox"/>	<b>Copy of PA Contractor Registration Certificate</b>
<input type="checkbox"/>	<b>Copy of Contractor's Liability Insurance (must list Worcester Township as additional insured)</b>
<input type="checkbox"/>	<b>Copy of Contractor's Workers' Compensation Insurance (must list Worcester Township as additional insured) or complete the Workers' Exemption form</b>

**PLEASE NOTE THIS CHECKLIST IS NOT ALL INCLUSIVE.  
TOWNSHIP STAFF MAY REQUEST ADDITIONAL INFORMATION.**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of Worcester Township and certify that the code official or code official'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 of such permit.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>PERMIT REVIEW (Office use only)</b>			
Building Review:	Date Approved:	Use Group:	_____
Zoning Review:	Date Approved:	Type of Const:	VB or _____
Permit Conditions:			

ERECTED INTO A TOWNSHIP IN 1733  
**TOWNSHIP OF WORCESTER**  
AT THE CENTER POINT OF MONTGOMERY COUNTY  
PENNSYLVANIA

Board of Supervisors  
SUSAN G. CAUGHLAN, CHAIR  
STEPHEN C. QUIGLEY, VICE CHAIR  
ARTHUR C. BUSTARD

1721 Valley Forge Road  
Post Office Box 767  
Worcester, PA 19490

**APPLICANT:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Please complete the below to calculate the total proposed and existing building and impervious surface coverages, and return this form with your permit application. This information is needed to issue a permit for your project. Please contact the Codes Department at (610) 584-1410 to obtain the gross lot area for your property, or if you require additional information.

**CALCULATE BUILDING COVERAGE**

*Note... Building coverage includes any structure or improvement that is "under roof".*

\_\_\_\_\_ sf *proposed* improvement(s) \_\_\_\_\_  
\_\_\_\_\_ sf existing home/office/building  
\_\_\_\_\_ sf existing garage  
\_\_\_\_\_ sf existing shed  
\_\_\_\_\_ sf existing other \_\_\_\_\_

\_\_\_\_\_ sf total proposed and existing building coverage (*add all above*)  
\_\_\_\_\_ sf gross lot area

\_\_\_\_\_ % **BUILDING COVERAGE PERCENT** ( = *total building coverage / gross lot area* )

**CALCULATE IMPERVIOUS COVERAGE**

*Note... Impervious coverage includes any structure or improvement that does not allow water to infiltrate into the ground.*

\_\_\_\_\_ sf *proposed* improvement(s) \_\_\_\_\_  
\_\_\_\_\_ sf existing driveways & walkways  
\_\_\_\_\_ sf existing patio  
\_\_\_\_\_ sf existing pool and coping  
\_\_\_\_\_ sf existing other \_\_\_\_\_  
\_\_\_\_\_ sf total proposed and existing building coverage (*from above*)

\_\_\_\_\_ sf total proposed and existing impervious coverage (*add all above*)  
\_\_\_\_\_ sf gross lot area

\_\_\_\_\_ % **IMPERVIOUS COVERAGE PERCENT** ( = *total impervious coverage / gross lot area* )

## Workers' Compensation Insurance Coverage Information

### A. THE CONTRACTOR IS

A contractor within the meaning to the Pennsylvania Workers' Compensation Law

\_\_\_\_\_ YES \_\_\_\_\_ NO

If the answer is "Yes," complete Sections B and C below as appropriate.

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### B. INSURANCE INFORMATION

Name of Applicant:

\_\_\_\_\_

Federal or State Employer Identification Number:

\_\_\_\_\_

PROOF OF INSURANCE MUST BE PROVIDED IN THE FORM OF A CERTIFICATE OF INSURANCE

Applicant is a qualified self-insurer for workers' compensation.

\_\_\_\_\_ Certificate attached

Name of workers' Compensation Insurer:

\_\_\_\_\_

Workers' Compensation Insurer:

\_\_\_\_\_

\_\_\_\_\_ Certificate attached

Policy Expiration Date:

\_\_\_\_\_

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### C. EXEMPTION

Complete Section C if the applicant is a contractor claiming exemption from providing Workers' Compensation Insurance.

THE UNDERSIGNED SWEARS OR AFFIRMS THAT HE/SHE IS NOT REQUIRED TO PROVIDE WORKERS' COMPENSATION INSURANCE UNDER THE PROVISIONS OF PENNSYLVANIA WORKERS' COMPENSATION LAW FOR ONE OF THE FOLLOWING REASONS, AS INDICATED:

\_\_\_\_\_ Contractor with no employees. CONTRACTOR PROHIBITED BY LAW FROM EMPLOYING ANY INDIVIDUAL TO PERFORM WORK PURSUANT TO THIS BUILDING PERMIT UNLESS CONTRACTOR PROVIDES PROOF OF INSURANCE TO THE TOWNSHIP.

\_\_\_\_\_ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this

Signature of Applicant: \_\_\_\_\_

\_\_\_\_\_ Day of 20 \_\_\_\_\_

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

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
County of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Municipality of \_\_\_\_\_

## Electrical Inspection Agencies

Contractor	Contact Information
<b>Bureau Veritas/Atlantic Inland Inspection Inc. Broomall, PA</b>	<b>Ph: (877)-392-9445 (610)-543-3925</b>
<b>Code Inspections Inc 623-C Horsham Road Horsham, PA 19101</b>	<b>Ph: (215)-672-9400</b>
<b>Middle Atlantic Electrical Inspections Inc. P.O. Box 11520 Philadelphia, PA 19101</b>	<b>Ph: (215)-322-2626</b>
<b>Middle Department Inspection Agency 1542 Bristol Pike Bensalem, PA 19020</b>	<b>Ph: (215)-244-1919 (800)-992-6342</b>
<b>Underwriter Inspection Services Inc. P.O. Box 416 Royersford, PA 19468</b>	<b>Ph: (610)-495-2803</b>
<b>United Inspection Agency P.O. Box 3361 Ambler, PA 19002</b>	<b>Ph: (215)-542-9977</b>

### Is electrical work part of your application?

It is the **applicant's responsibility** to have their proposed electrical plan signed and sealed by a third-party electrical agency prior to Township submission. Applications given to the Township without these third-party plans will further delay the permitting process.

Additionally the underwriter shall inspect all rough electrical work and provide the Township with a copy of the approvals.

**\*Worcester Township does not inspect electrical work.**