



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:	

DEMOLITION 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 OR <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 OR <input type="checkbox"/> COMMERCIAL
Description:
Total cost or entire project: \$

6. DEMOLITION WORK BEING DONE	
<i>Applicant may be required to provide additional documentation including, but not limited to two sets of: A plot plan, sketches, proof of utility removal, etc. as requested.</i>	
Indicate Proposed Work: (check all that apply) <input type="checkbox"/> Tank Removal <input type="checkbox"/> Barn <input type="checkbox"/> Load Bearing Wall	
<input type="checkbox"/> Garage <input type="checkbox"/> Dwelling <input type="checkbox"/> Commercial Building <input type="checkbox"/> Pool <input type="checkbox"/> Other (specify) _____	
Total Square Ft of Project Area :	Total Estimated Cost \$

7. CHARACTERISTICS OF STRUCTURE TO BE DEMOLISHED	
HEATING FUEL	WATER SUPPLY/SEWAGE DISPOSAL
<input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY
<input type="checkbox"/> PROPANE	<input type="checkbox"/> ON SITE (WELL, CISTERN)
<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> ON-LOT SEPTIC SYSTEM
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> PUBLIC OR PRIVATE SEWER

8. THE FOLLOWING ITEMS MUST BE PROVIDED:	
<input type="checkbox"/> PROOF OF UTILITY SHUT OFF	<input type="checkbox"/> CERTIFICATE OF INSURANCE
<input type="checkbox"/> EXTERMINATION CERTIFICATE	<input type="checkbox"/> PROOF OF FUEL TANK REMOVAL

9. APPLICANT CHECKLIST <i>Note: Some items may not be required</i>	
<input type="checkbox"/>	Completed and signed demolition permit application (2 pages)
<input type="checkbox"/>	2 copies of the plot plan
<input type="checkbox"/>	Homeowner's Association Approval Letter (If Applicable)
<input type="checkbox"/>	2 copies of the construction plans may be required
<input type="checkbox"/>	Impervious Coverage Sheet
<input type="checkbox"/>	Required documents proving structure no longer has utilities
<input type="checkbox"/>	Copy of PA Contractor Registration Certificate
<input type="checkbox"/>	Copy of Contractor's Liability Insurance (must list Worcester Township as additional insured)
<input type="checkbox"/>	Copy of Contractor's Workers' Compensation Insurance (must list Worcester Township as additional insured) or complete the Workers' Exemption form

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: ____/____/____

PERMIT REVIEW (Office use only)			
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.

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: _____

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 _____