

WORCESTER TOWNSHIP

P.O. BOX 767
WORCESTER, PA 19490-0767

PERMIT APPLICATION

DEMOLITION

Revised 05/2010

OFFICE USE ONLY

PARCEL NO: 6700-

UNIT NO:

BLOCK NO:

ZONING DIST:

DATE RECEIVED

IMPORTANT- Applicant must complete all sections.

I. LOCATION

AT LOCATION NO: _____ STREET: _____

BETWEEN _____ AND _____

CROSS STREET CROSS STREET

SUBDIVISION _____ LOT _____ LOT SIZE _____

PERMIT NO:

2. IDENTIFICATION - (PRINT) Information for all parties required (if applicable)

NO:

OWNER OR LESSEE	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE
APPLICANT:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE
CONSTRUCTION COMPANY:		CONTRACTORS LIC #
CONTACT NAME:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE
EXCAVATION COMPANY:		CONTRACTORS LIC #
CONTACT NAME:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE

STREET:

3. TYPE AND PROJECT COST INFORMATION

APPLICATION DATE: _____

House Accessory Building

Barn Other, please explain below

Is the owner the applicant?
 Yes No

ESTIMATED START DATE	ESTIMATED FINISH	TOTAL ESTIMATED PROJECT COST
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4. SELECTED CHARACTERISTICS OF EXISTING BUILDING

PRINCIPLE TYPE OF HEATING FUEL	TYPE OF WATER SUPPLY
<input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> PUBLIC OR PRIVATE CO
<input type="checkbox"/> PROPANE	<input type="checkbox"/> ON SITE (Well, cistern)
<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> PUBLIC OR PRIVATE CO
<input type="checkbox"/> COAL	<input type="checkbox"/> ON SITE (Septic, tank, etc)
<input type="checkbox"/> OTHER	

5. FOLLOWING MUST BE PROVIDED:

1.) PROOF OF UTILITY SHUT-OFF	<input type="checkbox"/>	COMMENTS: _____
2.) CERTIFICATE OF INSURANCE	<input type="checkbox"/>	COMMENTS: _____
3.) EXTERMINATION CERTIFICATE	<input type="checkbox"/>	COMMENTS: _____
4.) PROOF OF FUEL TANK REMOVAI	<input type="checkbox"/>	COMMENTS: _____

PLOT PLAN SEE THIRD PAGE

6. VERIFICATION OF APPLICATION- Must be completed.

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 the 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 to such permit.

SIGNATURE OF APPLICANT	ADDRESS	APPLICATION DATE
PRINT NAME OF APPLICANT		
RESPONSIBLE PERSON IN CHARGE OF WORK		PHONE NUMBER

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

1721 Valley Forge Road
P.O. Box 767
Worcester, PA 19490

Phone (610) 584-1410
Fax (610) 584-8901

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 _____