



**Worchester Township**  
**1721 Valley Forge Road**  
**P.O. Box 767**  
**Worchester, PA 19490-076**  
**Phone: 610-584-1410**  
**Fax: 610-584-8901**

DATE RECEIVED (OFFICE USE ONLY)

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

# FENCE PERMIT APPLICATION

## 1. PROPERTY LOCATION

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## 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 - Same as Owner **or** Same as Contractor

Name	Mailing Address
City	State / Zip
Phone #	E-mail

## 5. PROPOSED FENCE - New **or** Replacement

*Applicant must provide documentation including, but not limited to, plot plans, etc. If the applicant does not own the property where the fence (s) will be erected, written consent from the owner must be provided.*

Area to be Fenced in (Check all that apply)		Fence Type (Select the closest type)		Reason For Fence (Check all that apply)	
<input type="checkbox"/>	Fence in Front Yard	<input type="checkbox"/>	Chain Link	<input type="checkbox"/>	Aesthetics
<input type="checkbox"/>	Fence in Side Yard	<input type="checkbox"/>	Stockade	<input type="checkbox"/>	Security
<input type="checkbox"/>	Fence in Rear Yard	<input type="checkbox"/>	Picket	<input type="checkbox"/>	Fence in Pool
<input type="checkbox"/>	Fence in Entire Property	<input type="checkbox"/>	Split Rail	<input type="checkbox"/>	Fence in Animals
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____

Total Length of Fence:

Height of Fence:

**Total Estimated Cost: \$**

<b>6. WAIVER OF DAMAGES – Must be completed by the property owner</b>	
I, (we) the owner of record, hereby hold the Township of Worcester and their agents harmless for any and all damages that may occur to this fence, to include damages incurred during the legal access to right-of-ways and or any and all easements. Furthermore the fence will be located on our property, but not located in the ultimate right-of-way and will conform with all applicable conditions of the Ordinance of the Township of Worcester.	
Owner of Record Signature:	Date:

<b>7. APPLICANT CHECKLIST Note: Some items may not be required</b>	
<input type="checkbox"/>	<b>Completed and signed fence permit application (2 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>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

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.

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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 \_\_\_\_\_