



**Worcester Township**  
**1721 Valley Forge Road**  
**P.O. Box 767**  
**Worcester, 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:	

# ACCESSORY STRUCTURE, PATIO &/OR DECK LESS THAN 30" ABOVE GRADE PERMIT APPLICATION

1. PROPERTY LOCATION	

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. ACCESSORY STRUCTURE <input type="checkbox"/> YES OR <input type="checkbox"/> NO					
<i>Applicant may have to provide documentation including, but not limited to, sketches, footing details, sealed drawings, etc. If the applicant does not own the property where the structure(s) will be erected, written consent from the owner must be provided.</i>					
	Location of Structure		Type of Structure (Check All That Apply)		
1	<input type="checkbox"/>	Front Yard	<input type="checkbox"/>	Shed / Barn	<input type="checkbox"/> Basketball / Tennis Court
2	<input type="checkbox"/>	Side yard	<input type="checkbox"/>	Dog / Animal Pen	<input type="checkbox"/> Other _____
3	<input type="checkbox"/>	Rear Yard	<input type="checkbox"/>	Horse/Livestock Stable	<input type="checkbox"/> Other _____
			<b>Total Estimated Cost (Accessory Structure only) \$</b>		

**6. PATIO AND / OR DECKS LESS THAN 30" ABOVE GRADE  YES OR  NO**

*Applicant may have to provide documentation including, but not limited to, sketches, footing details, sealed drawings, etc. If the applicant does not own the property where the structure(s) will be erected, written consent from the owner must be provided.*

	Location of Patio / Deck		Patio And / Or (Check All That Apply)		Size of Patio And / Or Deck	
1	<input type="checkbox"/>	Front Yard	<input type="checkbox"/>	Patio	<input type="checkbox"/>	
2	<input type="checkbox"/>	Side yard	<input type="checkbox"/>	Deck	<input type="checkbox"/>	
3	<input type="checkbox"/>	Rear Yard				Total Square feet =
			<b>Total Estimated Cost (Patio / Deck only) \$</b>			

**7. IS ANY NEW ELECTRICAL WORK BEING DONE  YES OR  NO**

*Applicant must submit two sets of electrical plans signed off by a third party electrical agency*

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)
			<b>Total Estimated Cost (Electric only) \$</b>

**8. WAIVER OF DAMAGES – Must be completed by the property owner**

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 structure, to include damages incurred during the legal access to right-of-ways and or any and all easements. Furthermore the structure 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:

**9 APPLICANT CHECKLIST Note: Some items may not be required**

<input type="checkbox"/>	<b>Completed and signed accessory structure, patio, deck permit application (3 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>Grading permit (separate application) – if the project exceeds 500 sq. ft.</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 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*)

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**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 \_\_\_\_\_