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)

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 – □ Same as Owner **OR** □ Same as Contractor	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

5. BRIEF DESCRIPTION OF WORK & COST □ RESIDENTIAL OR □ COMMERCIAL
Description:
Total cost or entire project: $

6. IS ANY NEW BUILDING WORK BEING DONE □ YES OR □ NO	
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.	
Indicate Proposed Work: (check all that apply) □ New Construction □ Addition □ Interior Alteration	
□ Garage □ Deck (over 30"above grade) □ Deck / Patio with Roof □ Pool or Hot Tub □ Fire Place	
□ Solar □ Retaining Wall □ Demolition (attach extermination & utility shut off letter) □ Other (Specify)	
Total Square Ft of Project Area :	**Total Estimated Cost (Building only) $**

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
	□	□	Service _____ AMPS
	□	□	Sub panels
	□	□	Outlets
	□	□	Switches
	□	□	Other (specify)
	□	□	Other (specify)
			Total Estimated Cost (Electric only) $

8. IS ANY NEW PLUMBING WORK BEING DONE □ YES OR □ NO

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.

	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:							
	Total No. of Fixtures: _____						

WATER AND SEWER □ YES OR □ NO

Water service	□ New Service or □ Replace Exist	□ Public Water or □ Private Well
Sewer lateral	□ New Service or □ Replace Exist	□ Public Sewer or □ Private Septic

LAWN SPRINKLER □ YES OR □ NO

Lawn Sprinkler	□ New Sprinkler or □ Replace Exist
	Total Estimated Cost (Plumbing only) $

9. IS ANY NEW MECHANICAL WORK BEING DONE ☐ YES OR ☐ NO

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.

Total #	New	Replacement	Type	Fuel Type	Tons / BTU's
	☐	☐	Heater		
	☐	☐	Air Conditioner		
	☐	☐	Gas Fire Place		
	☐	☐	Exhaust (Kitchen / Bath)		
	☐	☐	Generator		
	☐	☐	Pool Heater		
	☐	☐	Other (specify)		
	☐	☐	Other (specify)		

☐ Extension of existing supply/return ducts only

GAS SERVICE

Natural Gas	☐ New or ☐ Upgrade	Propane	☐ YES or ☐ NO

IF UPGRADING GAS SERVICE PLEASE ATTACH THE PECO INCREASE OF NATURAL GAS FORM

Total Square Ft of Project Area :	**Total Estimated Cost (Mechanical only) $**

10. IS ANY NEW FIRE ALARM WORK BEING DONE ☐ YES OR ☐ NO

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.

Total #	New	Replacement	Type
	☐	☐	Fire Alarm Panel
	☐	☐	Pull Stations
	☐	☐	Horn / Strobes
	☐	☐	Smoke Detectors
	☐	☐	Other (specify)
	☐	☐	Other (specify)

Total Square Ft of Project Area :	**Total Estimated Cost (Fire Alarm only) $**

11. IS ANY NEW SPRINKLER WORK BEING DONE ☐ YES OR ☐ NO

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.

Total #	New	Replacement	Type
	☐	☐	Type of system: _____
	☐	☐	Water Supply : _____
	☐	☐	Kitchen Hood
	☐	☐	Other (specify)
	☐	☐	Other (specify)

Total Square Ft of Project Area :	**Total Estimated Cost (Sprinkler only) $**

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

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:

FENCE 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 – □ 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)
□	Fence in Front Yard	□	Chain Link	□	Aesthetics
□	Fence in Side Yard	□	Stockade	□	Security
□	Fence in Rear Yard	□	Picket	□	Fence in Pool
□	Fence in Entire Property	□	Split Rail	□	Fence in Animals
□	Other_____	□	Other _____	□	Other _____

Total Length of Fence:	
Height of Fence:	**Total Estimated Cost: $**

6. **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 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:

7. **APPLICANT CHECKLIST** **Note: Some items may not be required**	
☐	**Completed and signed fence permit application (*2 pages*)**
☐	**2 copies of the plot plan**
☐	**Homeowner's Association Approval Letter (*If Applicable*)**
☐	**Copy of PA Contractor Registration Certificate**
☐	**Copy of Contractor's Liability Insurance (must list Worcester Township as additional insured)**
☐	**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.

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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:			

Worcester Township
1721 Valley Forge Road
P.O. Box 767
Worcester, PA 19490-076
Phone: 610-584-1410
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DATE RECEIVED (OFFICE USE ONLY)

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

GRADING 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 – □ Same as Owner **OR** □ Same as Contractor	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

5. GRADING TO BE PREFORMED BY – □ Same as Applicant **OR** □ Same as Contractor	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

6. PURPOSE OF GRADING PERMIT
Description of Work:

7. PLANS AND SPECIFICATIONS

The following information must be shown on plans prepared by a Registered Surveyor or Professional Engineer.

A) Site Contours- showing present and proposed contours in two (2) foot intervals.

B) Plot plan- showing location and/or description of:

□	Grading	□	Drainage, sewer or water pipes within proposed area of disturbance
□	Streams and drainage courses within 50' of site	□	Retaining walls and basins
□	Buildings	□	Nature of fill material
□	Area of work	□	Berms
□	Floodplain zone on and/or within 50' of site	□	Boundary and/or lot lines
□	Neighboring streets & alleys	□	Location of septic system (if applicable)
□	Drainage structures	□	Dimensions of all work
□	Soil classification and type	□	Erosion and sedimentation controls
□	Trees over 6" in diameter measured at 2' above ground	□	Other

8. WAIVER

A waiver of the need for a full grading permit will be considered by the Township if requested by the Applicant. The waiver request should include a plan of the proposed work which contains sufficient information for review by the Township Engineer.

□ Property boundary(ies)	□ Proposed grading & disturbed areas
□ Estimated site contours	□ Proposed drainage (if required)
□ Location of major physical features	□ Proposed erosion & sedimentation controls
□ Proposed are of excavation/ fill	

THE DECISION ON A WAIVER REQUEST MADE BY THE TOWNSHIP OR TOWNSHIP ENGINEER SHALL BE FINAL.

9. APPLICANT CHECKLIST Note: Some items may not be required	
□	**Completed and signed grading permit application (*3 pages*)**
□	**2 copies of the grading plan**
□	**Copy of PA Contractor Registration Certificate**
□	**Copy of Contractor's Liability Insurance (must list Worcester Township as additional insured)**
□	**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)***

SITE OR PLOT PLAN (For applicant use)

DRAWING ABOVE MUST BE TO 1/4" SCALE 1/4" = _____

ERECTED INTO A TOWNSHIP IN 1733

TOWNSHIP OF WORCESTER

AT THE CENTER POINT OF MONTGOMERY COUNTY

PENNSYLVANIA

1721 Valley Forge Road
P.O. Box767
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 INSURNACE UNDER THE PROVISIONS OF PENNSYLVANIA WORKERS' COMPENSATION LAW FOR ONE OF THE FOLLOWING REASONS, AS INDICATED:

_____Contractor with no employees. CONTRACTOR PROHIBITTED 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

_____ Day of 20 _____

_____
(Signature of Notary Public)

My Commission expires: _____

Signature of Applicant: _____

Address: _____

_____

County of _____

Municipality of _____