



**Worchester Township**  
**1721 Valley Forge Road**  
**P.O. Box 767**  
**Worchester, 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 – <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. BRIEF DESCRIPTION OF WORK & COST <input type="checkbox"/> RESIDENTIAL OR <input type="checkbox"/> COMMERCIAL
Description:
Total cost or entire project: \$

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

<b>7. IS ANY NEW ELECTRICAL WORK BEING DONE <input type="checkbox"/> YES OR <input type="checkbox"/> NO</b>			
<i>Applicant must submit two sets of electrical plans signed off by a third party electrical agency</i>			
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)
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)
			<b>Total Estimated Cost (Electric only) \$</b>

<b>8. IS ANY NEW PLUMBING WORK BEING DONE <input type="checkbox"/> YES OR <input type="checkbox"/> NO</b>							
<i>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.</i>							
	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:							
<b>Total No. of Fixtures:</b> _____							
<b>WATER AND SEWER <input type="checkbox"/> YES OR <input type="checkbox"/> NO</b>							
Water service	<input type="checkbox"/> New Service or <input type="checkbox"/> Replace Exist			<input type="checkbox"/> Public Water or <input type="checkbox"/> Private Well			
Sewer lateral	<input type="checkbox"/> New Service or <input type="checkbox"/> Replace Exist			<input type="checkbox"/> Public Sewer or <input type="checkbox"/> Private Septic			
<b>LAWN SPRINKLER <input type="checkbox"/> YES OR <input type="checkbox"/> NO</b>							
Lawn Sprinkler	<input type="checkbox"/> New Sprinkler or <input type="checkbox"/> Replace Exist						
<b>Total Estimated Cost (Plumbing only) \$</b>							

<b>9. IS ANY NEW MECHANICAL WORK BEING DONE</b> <input type="checkbox"/> YES OR <input type="checkbox"/> NO					
<i>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.</i>					
Total #	New	Replacement	Type	Fuel Type	Tons / BTU's
	<input type="checkbox"/>	<input type="checkbox"/>	Heater		
	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioner		
	<input type="checkbox"/>	<input type="checkbox"/>	Gas Fire Place		
	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust ( Kitchen / Bath)		
	<input type="checkbox"/>	<input type="checkbox"/>	Generator		
	<input type="checkbox"/>	<input type="checkbox"/>	Pool Heater		
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)		
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/> Extension of existing supply/return ducts only					
<b>GAS SERVICE</b>					
Natural Gas <input type="checkbox"/> New or <input type="checkbox"/> Upgrade			Propane	<input type="checkbox"/> YES or <input type="checkbox"/> NO	
<b>IF UPGRADING GAS SERVICE PLEASE ATTACH THE PECO INCREASE OF NATURAL GAS FORM</b>					
Total Square Ft of Project Area :			Total Estimated Cost (Mechanical only) \$		

<b>10. IS ANY NEW FIRE ALARM WORK BEING DONE</b> <input type="checkbox"/> YES OR <input type="checkbox"/> NO					
<i>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.</i>					
Total #	New	Replacement	Type		
	<input type="checkbox"/>	<input type="checkbox"/>	Fire Alarm Panel		
	<input type="checkbox"/>	<input type="checkbox"/>	Pull Stations		
	<input type="checkbox"/>	<input type="checkbox"/>	Horn / Strobes		
	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detectors		
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)		
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)		
Total Square Ft of Project Area :			Total Estimated Cost (Fire Alarm only) \$		

<b>11. IS ANY NEW SPRINKLER WORK BEING DONE</b> <input type="checkbox"/> YES OR <input type="checkbox"/> NO					
<i>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.</i>					
Total #	New	Replacement	Type		
	<input type="checkbox"/>	<input type="checkbox"/>	Type of system: _____		
	<input type="checkbox"/>	<input type="checkbox"/>	Water Supply : _____		
	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Hood		
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)		
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)		
Total Square Ft of Project Area :			Total Estimated Cost (Sprinkler only) \$		

<b>12. APPLICANT CHECKLIST Note: Some items may not be required</b>	
<input type="checkbox"/>	<b>Completed and signed building permit application (4 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>Grading permit (separate application) – if the project exceeds 500 sq. ft.</b>
<input type="checkbox"/>	<b>2 copies of the grading plan (Residential) or 3 copies of the grading plan (Commercial)</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 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:			