

# WORCESTER TOWNSHIP

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

## PERMIT APPLICATION

### GRADING

#### OFFICE USE ONLY

PARCEL NO:	6700-	UNIT NO:		DATE RECEIVED
BLOCK NO:		ZONING DIST:		

**IMPORTANT**-Applicant must complete all sections

#### I. LOCATION

AT LOCATION \_\_\_\_\_  
NO: STREET:

BETWEEN \_\_\_\_\_ AND \_\_\_\_\_  
CROSS STREET CROSS STREET

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ LOT SIZE \_\_\_\_\_

#### 2. TYPE AND PROJECT COST INFORMATION

APPLICATION DATE	REVISION DATE	REVISION DATE	ESTIMATED VOLUME OF EXCAVATION/FILL:  IN CUBIC YARDS	Is Owner the applicant?  Y N
ESTIMATED START DATE		ESTIMATED FINISH DATE	TOTAL ESTIMATED PROJECT COST	

#### 3. SELECTED CHARACTERISTICS OF EXISTING BUILDING, IF ANY

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

#### RESIDENTIAL BUILDINGS ONLY

CURRENT NUMBER OF STORIES		CURRENT NUMBER OF BEDROOMS	
CURRENT SQ. FEET OF FLOOR AREA, ALL FLOORS BASED ON EXTERIOR DIMENSIONS		CURRENT NUMBER OF BATHROOMS	HALF FULL
STREET FRONTAGE	SIDE 2 SETBACK	NUMBER OF OFF STREET PARKING SPACES	ENCLOSED OUTDOORS
FRONT SETBACK	REAR SETBACK		
SIDE 1 SETBACK	TOTAL SQ. FEET OF BUILDING FOOT PRINT		

REVISED 07/2011

PERMIT NO:

NO:

STREET:

PLOT PLAN SEE FIFTH PAGE

**4. CONTACT INFORMATION - ( PRINT ) Must provide information for all applicable parties.**

OWNER OR LESSEE	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE:  FAX:
APPLICANT:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE:  FAX:
WORK TO BE PERFORMED BY:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	CONTRACTORS LIC #
CONTACT NAME:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE:
FINAL GRADING TO BE PERFORMED BY:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	CONTRACTORS LIC #
CONTACT NAME:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE:

**5. Plans and Specifications**

The following information must be shown on plans prepared by a Registered Surveyor or Professional Engineer. The plan(s) must be submitted in triplicate.

a) Site Contours- showing present and proposed contours in 2 feet intervals.

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

- |                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | grading   | <input type="checkbox"/> | drainage, sewer or water pipes within proposed area of disturbance |
| <input type="checkbox"/> | streams and drainage courses within 50' of site       | <input type="checkbox"/> | retaining walls and basins   |
| <input type="checkbox"/> | buildings   | <input type="checkbox"/> | nature of fill material  |
| <input type="checkbox"/> | area of work  | <input type="checkbox"/> | berms  |
| <input type="checkbox"/> | floodplain zone on and/or within 50' of site          | <input type="checkbox"/> | boundary and/or lot lines  |
| <input type="checkbox"/> | neighboring streets & alleys                          | <input type="checkbox"/> | location of septic system (If applicable)                          |
| <input type="checkbox"/> | drainage structures                                   | <input type="checkbox"/> | dimensions of all work   |
| <input type="checkbox"/> | soil classification and type                          | <input type="checkbox"/> | erosion and sedimentation controls                                 |
| <input type="checkbox"/> | trees over 6" in diameter measured at 2' above ground | <input type="checkbox"/> | other  |

**6. PURPOSE OF GRADING PERMIT**

DESCRIPTION OF WORK


**7. 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.

All grading work and construction shall be in compliance with the "Code of the Township of Worcester" and all applicable codes.

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

**Please Contact worcester Township with any questions or concerns.**

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. The initial plan does not need to be prepared by a professional engineer or registered surveyor, but needs to include the following:

- ✓ property boundary (ies)
- ✓ estimated site contours
- ✓ location of major physical features
- ✓ proposed are of excavation/ fill
- ✓ proposed grading & disturbed areas
- ✓ proposed drainage (if required)
- ✓ proposed erosion and sedimentation controls

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



**8. DEPARTMENT USE ONLY**

REQUIRED DOCUMENTS				COMMENTS	DATE OF COMPLIANCE
CONSTRUCTION PLANS	YES	NO	N/A		
PLOT PLAN	YES	NO	N/A		
ZONING COMPLIANCE	YES	NO	N/A		
LIABILITY INSURANCE	YES	NO	N/A		
WORKERS COMP INSURANCE	YES	NO	N/A		
APPROVED CKS REVIEW LETTER	YES	NO	N/A		
OTHER PERMITS NEEDED	YES	NO			

**9. CONTACT & NOTIFICATION HISTORY**

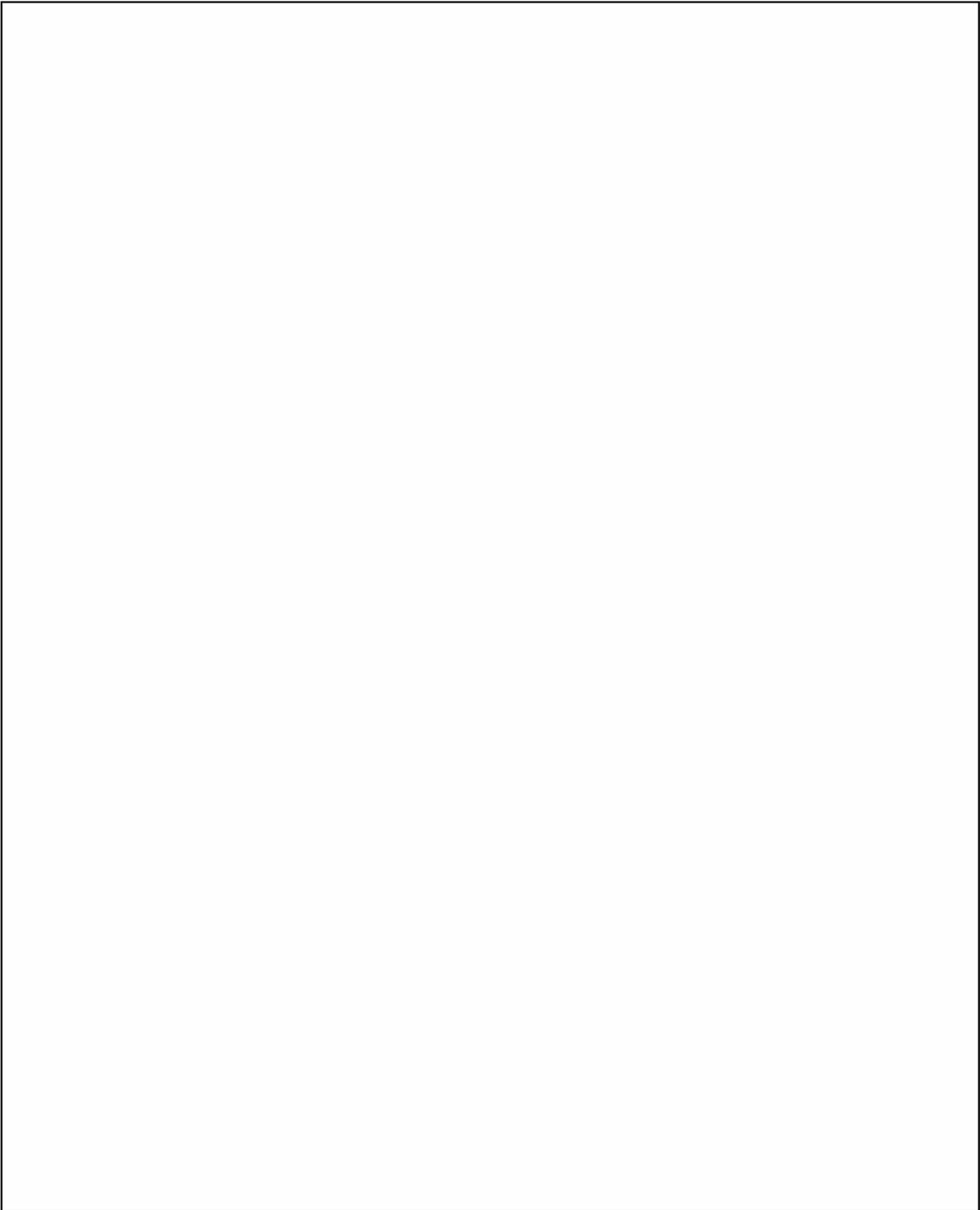
CONTACT:		DATE:	<input type="checkbox"/> PHONE <input type="checkbox"/> LETTER
CONTACT:		DATE:	<input type="checkbox"/> PHONE <input type="checkbox"/> LETTER
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CONTACT:		DATE:	<input type="checkbox"/> PHONE <input type="checkbox"/> LETTER

<b>APPLICATION RECEIVED:</b>	DATE:	<b>PRELIMINARY REVIEW:</b>	DATE:	<b>APPROVED</b>	DATE:
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COMMENTS:

SITE OR PLOT PLAN (For applicant use)

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DRAWING ABOVE MUST BE TO 1/4" SCALE      1/4" = \_\_\_\_\_