



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)

PRE-PAYMENT FOR PERMIT APPLICATIONS IS **REQUIRED**.
 ALL PERMIT APPLICATIONS MUST BE SUBMITTED **WITH** PAYMENT.
 PLEASE REVIEW THE TOWNSHIP FEE SCHEDULE TO CALCULATE FEE.

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 – <input type="checkbox"/> Same as Owner OR <input type="checkbox"/> Same as Contractor	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

5. GRADING TO BE PREFORMED BY – <input type="checkbox"/> Same as Applicant OR <input type="checkbox"/> Same as Contractor	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

6. PURPOSE OF GRADING PERMIT	
Description of Work:	
Cost of Grading:	

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:

<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

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.

<input type="checkbox"/> Property boundary(ies) <input type="checkbox"/> Estimated site contours <input type="checkbox"/> Location of major physical features <input type="checkbox"/> Proposed are of excavation/ fill	<input type="checkbox"/> Proposed grading & disturbed areas <input type="checkbox"/> Proposed drainage (if required) <input type="checkbox"/> Proposed erosion & sedimentation controls
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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	
<input type="checkbox"/>	Completed and signed grading permit application (3 pages)
<input type="checkbox"/>	2 copies of the grading plan
<input type="checkbox"/>	Copy of PA Contractor Registration Certificate
<input type="checkbox"/>	Copy of Contractor's Liability Insurance (must list Worcester Township as additional insured)
<input type="checkbox"/>	Copy of Contractor's Workers' Compensation Insurance (must list Worcester Township as additional insured) or complete the Workers' Exemption form (see pg. 5)

**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

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*)

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 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 _____