

PRE-PAYMENT FOR PERMIT APPLICATIONS NOW REQUIRED
CHECKS PREFERRED

All permit applications must now be submitted with payment.

Please review the Township fee schedule to calculate the accurate fee for your project.

As of 7/18/17



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

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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 <input type="checkbox"/> YES OR <input type="checkbox"/> NO			
<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)
			Total Estimated Cost (Electric only) \$

8. IS ANY NEW PLUMBING 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: 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:							
Total No. of Fixtures:							_____
WATER AND SEWER <input type="checkbox"/> YES OR <input type="checkbox"/> NO							
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		
LAWN SPRINKLER <input type="checkbox"/> YES OR <input type="checkbox"/> NO							
Lawn Sprinkler	<input type="checkbox"/> New Sprinkler or <input type="checkbox"/> Replace Exist						
Total Estimated Cost (Plumbing only) \$							

9. IS ANY NEW MECHANICAL 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, 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					
GAS SERVICE					
Natural Gas		<input type="checkbox"/> New or <input type="checkbox"/> Upgrade		Propane	<input type="checkbox"/> YES or <input type="checkbox"/> 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 <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) \$		

11. IS ANY NEW SPRINKLER 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: 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) \$		

12. APPLICANT CHECKLIST Note: Some items may not be required

<input type="checkbox"/>	Completed and signed building permit application (4 pages)
<input type="checkbox"/>	2 copies of the plot plan
<input type="checkbox"/>	Homeowner's Association Approval Letter (If Applicable)
<input type="checkbox"/>	Grading permit (separate application) – if the project exceeds 500 sq. ft.
<input type="checkbox"/>	2 copies of the grading plan (Residential) or 3 copies of the grading plan (Commercial)
<input type="checkbox"/>	2 copies of the construction plans (plans may be required to be signed and sealed by a design professional)
<input type="checkbox"/>	2 copies of the electrical plans signed off by a third party Electrical Agency NOTE - required for ALL electrical permits
<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

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

5. PROPOSED FENCE - <input type="checkbox"/> New or <input type="checkbox"/> Replacement		
<i>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.</i>		
Area to be Fenced in (Check all that apply)	Fence Type (Select the closest type)	Reason For Fence (Check all that apply)
<input type="checkbox"/> Fence in Front Yard	<input type="checkbox"/> Chain Link	<input type="checkbox"/> Aesthetics
<input type="checkbox"/> Fence in Side Yard	<input type="checkbox"/> Stockade	<input type="checkbox"/> Security
<input type="checkbox"/> Fence in Rear Yard	<input type="checkbox"/> Picket	<input type="checkbox"/> Fence in Pool
<input type="checkbox"/> Fence in Entire Property	<input type="checkbox"/> Split Rail	<input type="checkbox"/> Fence in Animals
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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	
<input type="checkbox"/>	Completed and signed fence permit application (2 pages)
<input type="checkbox"/>	2 copies of the plot plan
<input type="checkbox"/>	Homeowner's Association Approval Letter (If Applicable)
<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

**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:			



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

GRADING PERMIT APPLICATION

1. PROPERTY LOCATION

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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:

<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"/>	Proposed grading & disturbed areas
<input type="checkbox"/>	Estimated site contours	<input type="checkbox"/>	Proposed drainage (if required)
<input type="checkbox"/>	Location of major physical features	<input type="checkbox"/>	Proposed erosion & sedimentation controls
<input type="checkbox"/>	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

<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

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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

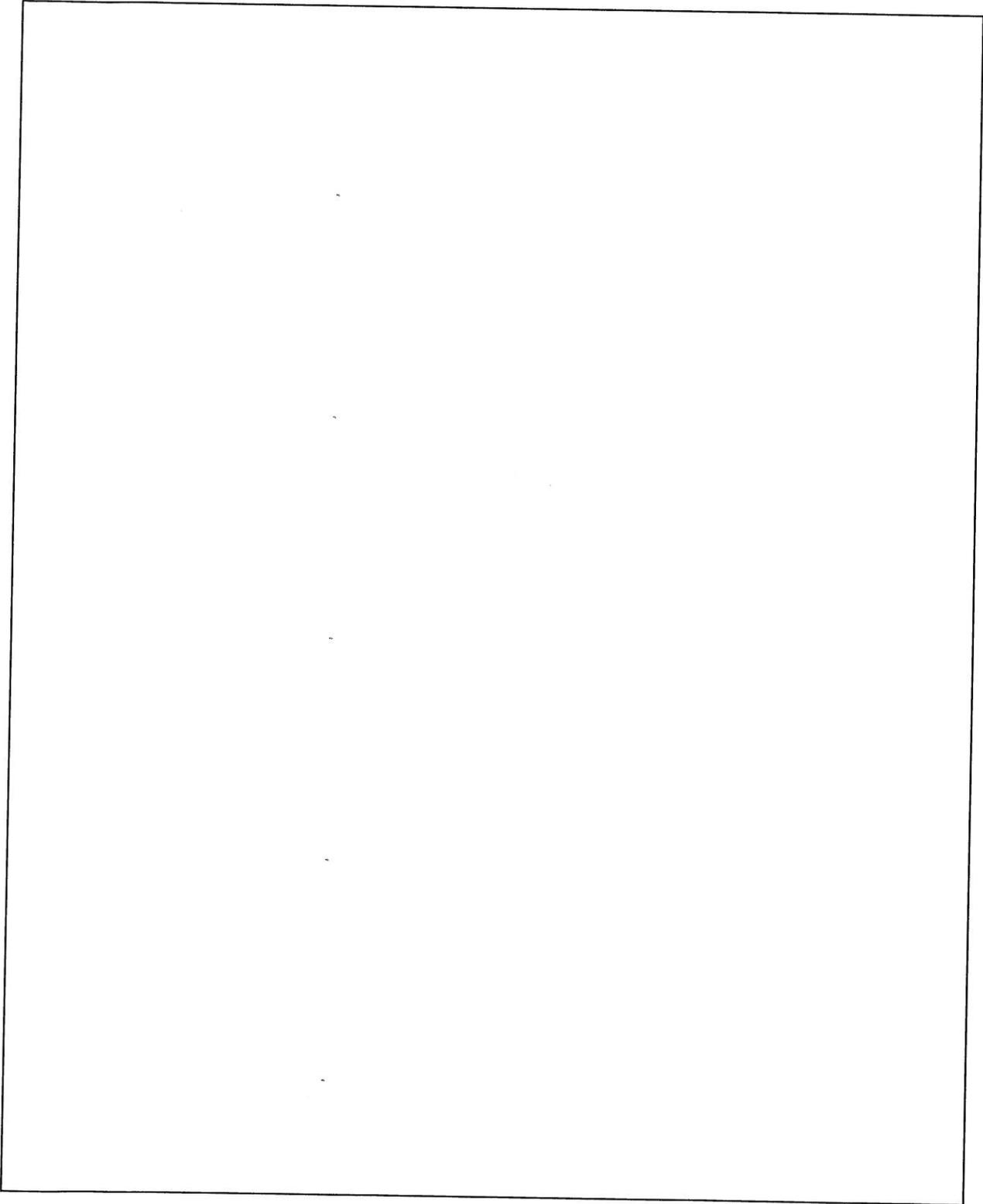
Note... Impervious coverage includes any structure or improvement that does not allow water to infiltrate into the ground.

_____ 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. Box 767
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 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 _____