



Worcester Township

**** OFFICE USE ONLY ****

Date Received: _____

Permit No.: _____

Project No.: _____

Total Permit Fee: _____

APPLICATION FOR PA UCC CONSTRUCTION PERMIT

I. PROPERTY INFORMATION

Municipality: Worcester Township Development: Lot: Section:

Proposed Work Site Address: Tax Parcel ID:

Property within Floodplain: (market value can be taken from tax records or certified appraiser)
If yes, what is the market value of the property:

II. CONTACT INFORMATION

Applicant Name: email:

Mailing Address: City: State: Zip:

Phone: Phone: Fax:

Property Owner: email:

Mailing Address: City: State: Zip:

Phone: Phone: Fax:

Contractor: PA License: Insurance:

Person in Charge of Work: email:

Mailing Address: City: State: Zip:

Phone: Phone: Fax:

Design Professional in Responsible Charge: PA License:

Person in Charge of Work: email:

Mailing Address: City: State: Zip:

Phone: Phone: Fax:

III. APPLICATION TYPE

Residential	Non-Residential
One-Family	Change of Use Y N
Two-Family	Existing Use:
Manufactured	Proposed Use:

V. CONSTRUCTION DATA

No. Stories Above Grade: Basement Y N

Construction Sq. Ft: (Copy of Signed Contract Required)

(Including other permit costs)

Total Cost of Construction: \$

IV. PROPOSED CONSTRUCTION

New Building	Swimming Pool	Fire Suppression
Addition	Mechanical	Roof
Alteration	Plumbing	Electric Service
Deck	Electrical	(Complete Sec. VII)

VI. OTHER PERMITS

Mechanical \$ No. of Appliances:

Electrical \$ No. of Devices:

Plumbing \$ No. of Fixtures:

VII. ELECTRIC SERVICE					
Residential Non-Residential		New Service Upgrade Existing Other:			
PPL UGI PECO MET ED Other:		Work Permit No.:		Overhead Underground	
Meter No.:		Phase: Voltage: Amps:			
VIII. DESCRIPTION OF WORK					
IX. APPLICANT'S CERTIFICATION					
<p>As the owner or the authorized agent of the project for which this application is filed, I certify that:</p> <ol style="list-style-type: none"> 1. The inspector is hereby granted access to observe the work in this application upon coordination with the owner or his agents. 2. The estimated construction cost and all other information provided as part of this application for a building permit is correct. 3. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from Building Code Official. 4. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405. 5. Any changes to the approved documents will be filed with the Building Code Official. 6. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Building Code Official. 7. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended to provide an accessible route to the area of primary function or other approved accessibility improvements. 8. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405. <p style="margin-top: 20px;">Applicant Signature: _____ Date: _____</p> <p style="text-align: center; margin-top: 10px;">*(3) SETS OF DETAILED CONSTRUCTION PLANS MUST BE SUBMITTED WITH ALL APPLICATIONS.*</p> <p style="text-align: center;">ALL COMMERCIAL CONSTRUCTION PLANS MUST BE PREPARED, SIGNED & SEALED BY A LICENSED DESIGN PROFESSIONAL</p> <p style="text-align: center;">FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION</p>					

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THIS SECTION APPLIES TO ALL PERMIT APPLICATIONS

You must upload a Certificate of Insurance unless the homeowner is completing the project

If the Certificate of Insurance does not include Workers Compensation Insurance Coverage and liability, then you must complete the Workers Compensation Insurance Exemption Form. This form must be printed, signed and either delivered to the Township.

All applications will be considered incomplete without this information.

Certificates of Insurance must name "Worcester Township, Agents & Employees" as an Additional Insured

Choose One:

Work is being completed by homeowner

Work is being completed by contractor

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 APPLICANT IS

A contractor within the meaning to he 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 CERTIFICE 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. CONTRATOR 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

Signature of Applicant: _____

_____ day of 20 _____

Address: _____

(Signature of Notary Public)

County of _____

My Commission expires: _____

Municipality of _____