

PERKIOMEN TOWNSHIP CONSTRUCTION PERMIT APPLICATION

1 TRAPPE ROAD
COLLEGEVILLE, PA 19426
610-489-4034 (PHONE)
610-489-4918 (FAX)

TOWNSHIP USE ONLY			
Date Issued: / /	Permit #:	Approved By:	
Permit Fee:	\$	Date Stamp When Received:	
State Surcharge:	\$4.00		
Other Fee:	\$		
Total Fees:	\$		

I. PERMIT TYPE	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial

II. TYPE OF WORK OR IMPROVEMENT	
<input type="checkbox"/> New Home <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Pool	
<input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Demolition <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Other _____	
Description of Work:	
Total Cost: \$	

III. LOCATION OF JOB	
Site Address:	
Cross Streets:	and
Subdivision Name:	Lot #:
Block:	Unit:
Zoning District:	
Lot Size (sq. ft.):	

IV. OWNER	
Name:	Phone #: - -
Address:	City, State, Zip:

V. APPLICANT	CHECK IF: <input type="checkbox"/> SAME AS OWNER
Name:	Phone #: - -
Address:	Fax #: - -
City, State, Zip:	

VI. CONTRACTOR		Contractor Registration # _____	
Name:		Phone #: - -	
Address:		Fax #: - -	
City, State, Zip:			

VII. SITE INFORMATION			
Water Service: <input type="checkbox"/> Public <input type="checkbox"/> Private		Sewer Service: <input type="checkbox"/> Public <input type="checkbox"/> Private	
Fuel Service: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other (List)			

VIII. BUILDING INFORMATION	
Building Code Use Group:	Specific Use:
Change In Use: <input type="checkbox"/> Yes <input type="checkbox"/> No - If YES, What was the former use?	
Existing Bldg. Area Sq. Ft.:	Proposed Bldg. Area Sq. Ft.:
Total Bldg. Area Sq. Ft.:	
Height of Structure Above Grade:	Number of Stories:
Maximum Occupancy Load (Commercial Applications Only):	
Maximum Live Load (Commercial Applications Only):	
Is Building Equipped with an Automatic Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Building Equipped with an Automatic Fire Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IX. Electrical Inspection Agency *** <i>(Must be filled out if Electrical Work is Performed)</i> ***	
<input type="checkbox"/> Atlantic Inland 610-995-2791 <input type="checkbox"/> Code Inspections 215-672-9400 <input type="checkbox"/> Guardian 610-873-3465 <input type="checkbox"/> Middle Atlantic 215-322-2626 <input type="checkbox"/> United Inspection Agency 215-542-9977 <input type="checkbox"/> Other (List) _____	
Applicant shall have an inspection for all Electrical Work.	

X. Plot Plan
The applicant shall include a scaled or dimensioned plot plan showing lot lines, existing structures, any easements, restricted features, the proposed improvement, and distances of the proposed improvement to the property lines. (See Page 4)

XI. Workers' Compensation Insurance Coverage Information	
The applicant is: The owner of the Property? <input type="checkbox"/> Yes (if yes, GO TO BOX A) <input type="checkbox"/> No (if no, GO TO BOX B)	
BOX A. SIGN HERE & GO TO SECTION XIII:	
BOX B. CONTINUE FILLING OUT SECTION XI:	
The applicant is: A Contractor within the meaning of the Pennsylvania Workers' Compensation Law?	
<input type="checkbox"/> Yes (if yes, GO TO BOX D)	<input type="checkbox"/> No (if no, GO TO BOX C)
BOX C. SIGN HERE & GO TO SECTION XII:	
BOX D. CONTINUE FILLING OUT SECTION XI., THEN GO TO SECTION XIII.	
Name of Applicant:	Federal or State Employer ID #:
Liability Insurance Company (Must Attach Certificate) :	
Policy #:	Expiration Date:
Workers' Compensation Insurance Company (Must Attach Certificate) :	
Policy #:	Expiration Date:

XII. WORKERS' COMPENSATION EXEMPTION

THIS SECTION SHALL BE COMPLETED BY A NOTARY PUBLIC

COMPLETE IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM COMPENSATION INSURANCE.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's 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 _____ day of _____ 20____.

(Seal)

(Signature of Notary Public)

My commission expires: _____

Applicant Signature _____

Address _____

County of _____

Municipality of _____

**Perkiomen Township
1 Trappe Road
Collegetown, PA 19426**

XIII. APPLICANT SIGNATURE

I HEREBY CERTIFY 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/HER AUTHORIZED AGENT AND WE AGREE TO ALL APPLICABLE LAWS OF THIS JURISDICTION.

Applicant Name (print): _____

Date: ____/____/____

Applicant Signature: _____

DRAW PLOT PLAN HERE OR ATTACH DRAWING