

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:	\$4.50		
Other Fee:	\$		
Total Fees:	\$		

I. PERMIT TYPE	
<input type="checkbox"/> Residential (1)	<input type="checkbox"/> Commercial (2)
(1) Residential building permits required for any "structural" work within/onto a dwelling/premise including but not limited to additions, alterations, decks, porches, pools, demolition, etc.. New residential homes and additions require permits for all disciplines as applicable.	
(2) Commercial permits required for ALL types of work for ALL disciplines.	
Discipline: <input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical	

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"/> Roof
<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:	Email:
City, State, Zip:	

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

VI. CONTRACTOR		<i>Contractor Registration #</i> _____	
Name:		Phone #: - -	
Address:		Email:	
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 - For Residential Permit Work that includes Electrical Work	
<input type="checkbox"/> Atlantic Inland 610-995-2791 <input type="checkbox"/> Code Inspections 215-672-9400 <input type="checkbox"/> Barry Isett 610-398-0904 <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 _____

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

County of _____

Municipality of _____

XIII. APPLICANT SIGNATURE

I HEREBY CERTIFY THAT I AGREE TO ABIDE TO ALL APPLICABLE LAWS AND CODES OF THIS JURISDICTION AS IT RELATES TO THIS PERMIT. I FURTHER AGREE THAT IF I AM THE CONTRACTOR SIGNING THIS APPLICATION , THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND I HAVE BEEN AUTHORIZED BY SUCH TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT.

Applicant Name (print): _____

Date: _____ / _____ / _____

Applicant Signature: _____

DRAW PLOT PLAN HERE OR ATTACH DRAWING