

# 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:	<b>\$4.50</b>		
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:	

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

<b>VII. SITE INFORMATION</b>			
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)			

<b>VIII. BUILDING INFORMATION</b>	
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	

<b>IX. Electrical Inspection Agency - For Residential Permit Work that includes Electrical Work</b>	
<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) _____	
<b>Applicant shall have an inspection for all Electrical Work.</b>	

<b>X. Plot Plan</b>
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. <b>(See Page 4)</b>

<b>XI. Workers' Compensation Insurance Coverage Information</b>	
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)	
<b>BOX A. SIGN HERE &amp; GO TO SECTION XIII:</b>	
<b>BOX B. CONTINUE FILLING OUT SECTION XI:</b>	
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)
<b>BOX C. SIGN HERE &amp; GO TO SECTION XII:</b>	
<b>BOX D. CONTINUE FILLING OUT SECTION XI., THEN GO TO SECTION XIII.</b>	
Name of Applicant:	Federal or State Employer ID #:
Liability Insurance Company <b>(Must Attach Certificate):</b>	
Policy #:	Expiration Date:
Workers' Compensation Insurance Company <b>(Must Attach Certificate):</b>	
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**