

# PERKIOMEN TOWNSHIP FIRE 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:	\$		
State Surcharge:	<b>\$4.50</b>		
Other Fee:	\$		
Total Fees:	\$		
		Date Stamp When Received:	

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

II. TYPE OF FIRE PERMIT (check all that apply)
Sprinkler System: <input type="checkbox"/> New <input type="checkbox"/> Modification
Standpipe System: <input type="checkbox"/> New <input type="checkbox"/> Modification
Kitchen Hood Suppression System: <input type="checkbox"/> New <input type="checkbox"/> Modification
Other Suppression System: <input type="checkbox"/> New <input type="checkbox"/> Modification     Type: _____
Fire Alarm System (Commercial Only): <input type="checkbox"/> New <input type="checkbox"/> Modification
Fireworks / Novelty Items: <input type="checkbox"/> Sale of <input type="checkbox"/> Display of (Must attach Certificate from PA Attorney General)
<input type="checkbox"/> Paint Removal by Torch (except Single Family Detached Dwellings)
<input type="checkbox"/> Open Burning (As may be permitted by Perkiomen Township Ordinance with approval by PA DEP)
<input type="checkbox"/> Other (Please Describe):
<b>Description of Permit Request:</b>
<b>Total Cost: \$</b>

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

IV. OWNER of PROPERTY	
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	
Name:	Phone #: - -
Address:	Email:
City, State, Zip:	
Supervisors Name:	Phone #: - -

VII. BUILDING INFORMATION (Fire Suppression / Alarm Permits Only)	
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:	

VIII. Workers' Compensation / Insurance Coverage Information	
The applicant is: A Contractor within the meaning of the Pennsylvania Workers' Compensation Law?	
<input type="checkbox"/> Yes (if yes, GO TO BOX B)	<input type="checkbox"/> No (if no, GO TO BOX A)
<b>BOX A. SIGN HERE &amp; GO TO SECTION IX:</b>	
<b>BOX B. CONTINUE FILLING OUT SECTION VIII., THEN GO TO SECTION X.</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:

**IX. 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 \_\_\_\_\_

**X. 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 NOT THE OWNER SIGNING THIS APPLICATION , I HAVE BEEN AUTHORIZED BY SUCH TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT. I ALSO UNDERSTAND THAT BY FILING THIS APPLICATION, THE PERMIT IS NOT AUTOMATICALLY APPROVED AND THE FIRE CODE OFFICIAL CAN DENY THE PLANS / PERMIT.

Applicant Name (print): \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**Three (3) sets of proposed plans required to be submitted with Application.  
Plans shall be scaled or dimensioned.**