

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:	\$	Date Stamp When Received:	
State Surcharge:	\$4.50		
Other Fee:	\$		
Total Fees:	\$		

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
Display Fireworks / Sale of Novelty Items: <input type="checkbox"/> Sales <input type="checkbox"/> Display (Must attach Certificate from PA Attorney General)
Consumer Fireworks: <input type="checkbox"/> Use of Date: _____ Time: _____ until _____ Applicant is required to supply an aerial photograph with the launch site marked along with this application.
<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): _____
Description of Permit Request:
Total Cost: \$

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)
BOX A. SIGN HERE & GO TO SECTION IX:	
BOX B. CONTINUE FILLING OUT SECTION VIII., THEN GO TO SECTION X.	
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:

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.**