

PERKIOMEN TOWNSHIP PLUMBING 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 (check all that apply)	
<input type="checkbox"/> Alteration/Modification <input type="checkbox"/> New Dwelling <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Yearly Registration	
<input type="checkbox"/> Sewer Lateral (Install or Replacement) <input type="checkbox"/> Other _____	
Description of Work:	
	Total Cost: \$

III. LOCATION OF JOB	
Site Address:	
Cross Streets:	and
Subdivision Name:	Lot #:

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

VIII. BUILDING INFORMATION	
Will any of the proposed work be within an exterior or load bearing wall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will any of the proposed work be under a slab? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many? Fixture traps _____ Floor Drain Traps _____ Lateral Trap _____	
Building Code Use Group:	Specific Use:
Change In Use: <input type="checkbox"/> Yes <input type="checkbox"/> No - If YES, What was the former use?	

IX. 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 XI:	
BOX B. CONTINUE FILLING OUT SECTION IX:	
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 X:	
BOX D. CONTINUE FILLING OUT SECTION IX., THEN GO TO SECTION XI.	
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:

X. 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
Collegetown, PA 19426**

County of _____

Municipality of _____

XI. 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:_____