# PERKIOMEN TOWNSHIP
## CONSTRUCTION PERMIT APPLICATION

**1 TRAPPE ROAD**  
COLLEGEVILLE, PA 19426  
610-489-4034 (PHONE)  
610-489-4918 (FAX)

### TOWNSHIP USE ONLY

<table>
<thead>
<tr>
<th>Date Issued:</th>
<th>/ /</th>
<th>Permit #:</th>
<th>Approved By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit Fee:</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Surcharge:</td>
<td>$4.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Fee:</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Fees:</td>
<td>$</td>
<td></td>
<td>Date Stamp When Received:</td>
</tr>
</tbody>
</table>

### I. PERMIT TYPE

- [ ] Residential (1)  
- [ ] 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: [ ] Building  
- [ ] Plumbing  
- [ ] Electrical  
- [ ] Mechanical

### II. TYPE OF WORK OR IMPROVEMENT

- [ ] New Home  
- [ ] New Building  
- [ ] Addition  
- [ ] Alteration  
- [ ] Pool  
- [ ] Roof  
- [ ] Deck  
- [ ] Porch  
- [ ] Demolition  
- [ ] Retaining Wall  
- [ ] Other ___________________

Description of Work:  

| Total Cost: | $ |

### III. LOCATION OF JOB

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

### IV. OWNER

- Name:  
- Phone #:  
- Address:  
- City, State, Zip:  

### V. APPLICANT

- [ ] SAME AS OWNER

- Name:  
- Phone #:  
- Address:  
- Fax #:  
- City, State, Zip:
VI. CONTRACTOR  

<table>
<thead>
<tr>
<th></th>
<th>Contractor Registration #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Phone #:</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Fax #:</td>
</tr>
</tbody>
</table>

VII. SITE INFORMATION

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water Service</td>
<td>□ Public □ Private</td>
</tr>
<tr>
<td>Sewer Service</td>
<td>□ Public □ Private</td>
</tr>
<tr>
<td>Fuel Service</td>
<td>□ Electric □ Natural Gas □ LPG Gas □ Oil □ Other (List)</td>
</tr>
</tbody>
</table>

VIII. BUILDING INFORMATION

<table>
<thead>
<tr>
<th>Information Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Code Use Group:</td>
<td>Specific Use:</td>
</tr>
<tr>
<td>Change In Use: □ Yes □ No</td>
<td>If YES, What was the former use?</td>
</tr>
<tr>
<td>Existing Bldg. Area Sq. Ft.:</td>
<td>Proposed Bldg. Area Sq. Ft.:</td>
</tr>
<tr>
<td>Total Bldg. Area Sq. Ft.:</td>
<td></td>
</tr>
<tr>
<td>Height of Structure Above Grade:</td>
<td>Number of Stories:</td>
</tr>
<tr>
<td>Maximum Occupancy Load:</td>
<td></td>
</tr>
<tr>
<td>(Commercial Applications Only):</td>
<td></td>
</tr>
<tr>
<td>Maximum Live Load: (Commercial Applications Only):</td>
<td></td>
</tr>
<tr>
<td>Is Building Equipped with an Automatic Sprinkler System? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Is Building Equipped with an Automatic Fire Alarm System? □ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

IX. Electrical Inspection Agency - For Residential Permit Work that includes Electrical Work

- □ Atlantic Inland 610-995-2791  □ Code Inspections 215-672-9400  □ Barry Isett 610-398-0904
- □ Middle Atlantic 215-322-2626  □ United Inspection Agency 215-542-9977  □ 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? □ Yes (if yes, GO TO BOX A) □ 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?

- □ Yes (if yes, GO TO BOX D) □ 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:  Liability Insurance Company (Must Attach Certificate):

Federal or State Employer ID #:  Expiration Date:

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________.

____________________________________
(Signature of Notary Public)

My commission expires:_______________

Applicant Signature______________________________________

Address_______________________________________________

Applicant Name (print): __________________________________

Date: ________/________/____________

Applicant Signature:_____________________________________

Perkiomen Township
1 Trappe Road
Collegeville, PA 19426

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:____________________________________

Permit App.xls