

# 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:	<b>\$4.00</b>		
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:			

<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	

<b>VIII. BUILDING INFORMATION</b>			
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?			

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

**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  
Collegeville, PA 19426**

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

**XI. 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:\_\_\_\_\_