

□ Other_____

Total Length of Fence:

Height of Fence:

Worcester Township 1721 Valley Forge Road P.O. Box 767 Worcester, PA 19490-076

Phone: 610-584-1410

Fax: 610-584-8901

NLY)	DATE RECEIVED (OFFICE USE ONLY)

PARC	CEL INFORMATION (OFFICE USE	ONLY	Y)	APPLICATION NO:		
PARCEL NO: 6700-			UNIT NO:			
BLOCK NO:			ZONING DIST:			
FENCE PERMIT APPLICATION						
1. PROPERTY LOCATION						
2.	PROPERTY OWNER					
Name			Mailing Address			
City			State / Zip			
Phone #			E-mail			
A CONTENT OF CHICK						
3. CONTRACTOR			PA Contractor: (Attach PA C	ору &	Insurance Liability & Worker's Comp)	
Name			Mailing Address			
City			State / Zip			
Phone #			E-mail			
1 D Helli						
4.	APPLICANT - □ Sai	me as	S Owner	or □ Same as Contra	ctor	
Name				Mailing Address		
City			State / Zip			
Phone #			E-mail			
5.	PROPOSED FENCE	- 🗆 .	New or	□ Replacement		
Applicant must provide documentation including, but not limited to, plot plans, etc. If the applicant does not own the property where the fence (s) will be erected, written consent from the owner must be provided.						
			ence Type		Reason For Fence	
	(Check all that apply)		. `	the closest type)		(Check all that apply)
	Fence in Front Yard		Chain L			Aesthetics
	Fence in Side Yard		Stockad	le		Security
	Fence in Rear Yard		Picket			Fence in Pool
	Fence in Entire Property		Split Ra	il		Fence in Animals

Other

□ Other

Total Estimated Cost: \$

	6. WAIVER OF DA	AMAGES – Must be comp	pleted by the property	y owner
any acc	y and all damages that cess to right-of-ways and	may occur to this fence d or any and all easement the ultimate right-of-way	to include damages s. Furthermore the f	d their agents harmless for s incurred during the legal fence will be located on our all applicable conditions of
0	wner of Record Signatur	e:	Date	e:
	7. APPLICANT C	HECKLIST Note: Som	e items may not be	required
		ed fence permit applicati		
	2 copies of the plot p	lan		
	Homeowner's Assoc	iation Approval Letter (<i>I</i>	f Applicable)	
	Copy of PA Contract	or Registration Certifica	te	
	Copy of Contractor's insured)	Liability Insurance (mu	st list Worcester To	wnship as additional
		Workers' Compensation or complete the Worke	-	ist Worcester Township
	PLEA	SE NOTE THIS CHECKL	IST IS NOT ALL INC	CLUSIVE.
	TOWNSH	IP STAFF MAY REQUES	T ADDITIONAL INF	ORMATION.
aut app and cer are	thorized by the owner of plication as his authorized true to the best of my a trify that the code official	ability. I agree to conform or code official's authorize	en authorized by the of the information on to all applicable laws and representative sha	• •
	Applicant Signature:		Date:_	
	DEDMIT DEVIEW	ffice use cody)		
	PERMIT REVIEW (O Building Review:	Date Approved:	Use Group:	
_	Zoning Review:	Date Approved:	Type of Const:	VB or
_	Permit Conditions:	11, 3, 33	1,750.00.00.	
-	Territ Conditions.			

ERECTED INTO A TOWNSHIP IN 1733

TOWNSHIP OF WORCESTER

AT THE CENTER POINT OF MONTGOMERY COUNTY PENNSYLVANIA

1721 Valley Forge Road P.O. Box767 Worcester, PA 19490 Phone (610) 584-1410 Fax (610) 584-8901

Workers' Compensation Insurance Coverage Information

A.	THE CONTRACTOR IS A contractor within the meaning to the Pennsylvania Workers' Compensation Law						
	YES	NO					
	If the answer is "Yes," complete Sections B and C b	elow as appropriate.					
В.	INSURANCE INFORMATION Name of Applicant:						
	Federal or State Employer Identification Number:						
	PROOF OF INSURANCE MUST BE PROVIDED IN THE FORM OF A CERTIFICATE OF INSURANCE						
	Applicant is a qualified self-insurer for workers' compensation.						
	Certificate attached						
	Name of workers' Compensation Insurer:						
	Workers' Compensation Insurer:						
	Certificate attached						
	Policy Expiration Date:						
C.	EXEMPTION Complete Section C if the applicant is a contractor claiming exemption from providing Workers' Compensation Insurance. THE UNDERSIGNED SWEARS OR AFFIRMS THAT HE/SHE IS NOT REQUIRED TO PROVIDE WORKERS' COMPENSATION INSURNACE UNDER THE PROVISIONS OF PENNSYLVANIA WORKERS' COMPENSATION LAW FOR ONE OF THE FOLLOWING REASONS, AS INDICATED: Contractor with no employees. CONTRACTOR PROHIBITTED 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	Signature of Applicant:					
	Day of 20	Address:					
	(Signature of Notary Public)	County of					
	My Commission expires:	Municipality of					

www.worcestertwp.com

Revised 02/2015