



**Worcester Township**  
**1721 Valley Forge Road**  
**P.O. Box 767**  
**Worcester, PA 19490-0767**  
**Phone: 610-584-1410**  
**Fax: 610-584-8901**

DATE RECEIVED (OFFICE USE ONLY)

PRE-PAYMENT FOR PERMIT APPLICATIONS IS **REQUIRED**.  
 ALL PERMIT APPLICATIONS MUST BE SUBMITTED **WITH** PAYMENT.  
 PLEASE REVIEW THE TOWNSHIP FEE SCHEDULE TO CALCULATE FEE.

PARCEL INFORMATION (OFFICE USE ONLY)		APPLICATION NO:	
PARCEL NO: 6700-		UNIT NO:	
BLOCK NO:		ZONING DIST:	

# HIGHWAY OCCUPANCY PERMIT APPLICATION

## HOP REQUIRED FOR:

Construction or alteration on/along a road, installation or replacement of utility facilities or other structures, or opening of the surface.

### 1. PROPERTY LOCATION / ADDRESS

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### 2. PROPERTY OWNER

Name	Mailing Address
City	State / Zip
Phone #	E-mail

### 3. CONTRACTOR

PA Contractor: (Attach PA Copy & Insurance Liability & Worker's Comp)	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

### 4. APPLICANT – Same as Owner **OR** Same as Contractor

Name	Mailing Address
City	State / Zip
Phone #	E-mail

### 5. BRIEF DESCRIPTION OF WORK RESIDENTIAL **OR** COMMERCIAL

Description:
Number of poles/utility structures being installed (if applicable):
Amount of roadway being disturbed (if applicable):
Reason for disturbance (if applicable):
Length along roadway (curb or disturbance):

<b>6. APPLICANT CHECKLIST Note: Some items may not be required</b>	
<input type="checkbox"/>	<b>Completed and signed HOP application (3 pages)</b>
<input type="checkbox"/>	<b>2 copies of the work plan</b>
<input type="checkbox"/>	<b>Homeowner's Association Approval Letter (If Applicable)</b>
<input type="checkbox"/>	<b>Grading permit (separate application) – if the project exceeds 500 sq. ft.</b>
<input type="checkbox"/>	<b>2 copies of the grading plan (Residential) or 3 copies of the grading plan (Commercial)</b>
<input type="checkbox"/>	<b>Copy of PA Contractor Registration Certificate</b>
<input type="checkbox"/>	<b>Copy of Contractor's Liability Insurance (must list Worcester Township as additional insured)</b>
<input type="checkbox"/>	<b>Copy of Contractor's Workers' Compensation Insurance (must list Worcester Township as additional insured) or complete the Workers' Exemption form</b>
<input type="checkbox"/>	<b>Check made payable to Worcester Township at time of application</b>

**PLEASE NOTE THIS CHECKLIST IS NOT ALL INCLUSIVE.  
TOWNSHIP STAFF MAY REQUEST ADDITIONAL INFORMATION.**

I hereby certify that I am the owner of record of the named property, or 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 authorized agent. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of Worcester Township and certify that the code official or code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable of such permit.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>PERMIT REVIEW (Office use only)</b>			
Zoning Review:	Date Approved:		
Road Master Review:	Date Approved:		
Permit Conditions:			

## 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 below as appropriate.

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### B. 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:

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### 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 INSURANCE 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 \_\_\_\_\_