

6. VERIFICATION OF APPLICATION- Must be completed.

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 the 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 to such permit.

SIGNATURE OF APPLICANT	ADDRESS	APPLICATION DATE
PRINT NAME OF APPLICANT		PHONE NUMBER
RESPONSIBLE PERSON IN CHARGE OF WORK		

DEPARTMENT USE ONLY

7. SIGNED APPROVAL FROM WORCESTER TOWNSHIP BOARD OF SUPERVISORS

	Approve/Deny; Date	Please Print	Signatures
BOS, Chairman	_____	<input type="text"/>	<input type="text"/>
BOS, Vice Chairman	_____	<input type="text"/>	<input type="text"/>
BOS, Member	_____	<input type="text"/>	<input type="text"/>

