

WORCESTER TOWNSHIP

P.O. BOX 767
WORCESTER, PA 19490-0767

PERMIT APPLICATION

PATIO

OFFICE USE ONLY

PARCEL NO:	6700-	UNIT NO:	
BLOCK NO:		ZONING DIST:	

DATE RECEIVED

IMPORTANT- Applicant must complete all sections

I. LOCATION

AT LOCATION _____ NO: _____ STREET: _____

BETWEEN _____ AND _____

CROSS STREET CROSS STREET

SUBDIVISION _____ LOT _____ LOT SIZE _____

2. IDENTIFICATION - (PRINT) Information for all parties required (if applicable)

OWNER OR LESSEE	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE
CONSTRUCTION COMPANY:		CONTRACTORS LIC #
CONTACT NAME:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE
ARCHITECT OR ENGINEER		CONTRACTORS LIC #
CONTACT NAME:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE

3. SPECIFICS

COST:	WIDTH	LENGTH	HEIGHT, HIGHEST POINT	TOTAL SQ FT DECK/PATIO	START DATE	DAYS TO COMPLETE
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4. LOCATION OF PATIO

Check all applicable

- Front yard
- Side yard
- Rear yard

5. SIDE WALKS/PATHS

- None proposed
- Will be installed also

TOTAL SQ FT OF WALKS

6. TYPE OF PATIO

Select the closest type

- Wood
- Cement/Concrete
- Patio pavers/Blocks
- Other _____

7. Stairs

NO OF STAIRS WITH 4 OR MORE RISERS

8. TYPE OF WORK

Check all applicable

- Extend existing
- Remove existing replace with new
- Install new
- Redeck or refinish
- Add roof covering
- Close in

9. ELECTRICAL

Electrical work: Yes No

TOTAL SERVICE AMPS

NUMBER OF SERVICE OUTLETS TO BE INSTALLED

Brief Description:

10. WAIVER OF DAMAGES- Must be completed by the property owner.

I, (we) the owner of record, will not locate this structure in any right-of-ways or easements, and hereby hold the Township of Worcester and their agents harmless for any and all damages that may occur to this structure if improperly placed, to include damages incurred during relocation, or the legal access to right-of-ways and or any and all easements. Furthermore the structure will be located on our property, and will conform with all applicable conditions of the Ordinance of the Township of Worcester.

SIGNATURE OF THE OWNER OF RECORD

DATE

Revised 08/2011

PERMIT NO:

NO:

STREET:

PLOT PLAN SEE THIRD PAGE

11. 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		
RESPONSIBLE PERSON IN CHARGE OF WORK		PHONE NUMBER

SITE OR PLOT PLAN (For applicant use)

Structure dimensions and distances from property lines.

DRAWING ABOVE MUST BE TO 1/4" SCALE 1/4" = _____