



**Worcester Township**  
**1721 Valley Forge Road**  
**P.O. Box 767**  
**Worcester, PA 19490-076**  
**Phone: 610-584-1410**  
**Fax: 610-584-8901**

DATE RECEIVED (OFFICE USE ONLY)
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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:	

## ACCESSORY STRUCTURE, PATIO &/OR DECK LESS THAN 30" ABOVE GRADE PERMIT APPLICATION

**\*Decks attached to buildings require a building permit (see general building permit application).**

1. PROPERTY LOCATION	

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 – <input type="checkbox"/> Same as Owner <b>or</b> <input type="checkbox"/> Same as Contractor	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

5. ACCESSORY STRUCTURE <input type="checkbox"/> YES OR <input type="checkbox"/> NO	
<i>Applicant may have to provide documentation including, but not limited to, sketches, footing details, sealed drawings, etc. If the applicant does not own the property where the structure(s) will be erected, written consent from the owner must be provided.</i>	
Location of Structure	Type of Structure (Check All That Apply)
1 <input type="checkbox"/> Front Yard	<input type="checkbox"/> Shed / Barn <input type="checkbox"/> Basketball / Tennis Court
2 <input type="checkbox"/> Side yard	<input type="checkbox"/> Dog / Animal Pen <input type="checkbox"/> Other _____
3 <input type="checkbox"/> Rear Yard	<input type="checkbox"/> Horse/Livestock Stable <input type="checkbox"/> Other _____
<b>Total Estimated Cost (Accessory Structure only) \$</b>	

<b>6. PATIO AND / OR DECKS LESS THAN 30" ABOVE GRADE</b> <input type="checkbox"/> YES OR <input type="checkbox"/> NO						
<i>Applicant may have to provide documentation including, but not limited to, sketches, footing details, sealed drawings, etc. If the applicant does not own the property where the structure(s) will be erected, written consent from the owner must be provided.</i>						
	<b>Location of Patio / Deck</b>		<b>Patio And / Or (Check All That Apply)</b>		<b>Size of Patio And / Or Deck</b>	
1	<input type="checkbox"/>	Front Yard	<input type="checkbox"/>	Patio	<input type="checkbox"/>	
2	<input type="checkbox"/>	Side yard	<input type="checkbox"/>	Deck	<input type="checkbox"/>	
3	<input type="checkbox"/>	Rear Yard				Total Square feet =
			<b>Total Estimated Cost (Patio / Deck only) \$</b>			

<b>7. IS ANY NEW ELECTRICAL WORK BEING DONE</b> <input type="checkbox"/> YES OR <input type="checkbox"/> NO			
<i>Applicant must submit two sets of electrical plans signed off by a third party electrical agency</i>			
<b>Total #</b>	<b>New</b>	<b>Replacement</b>	<b>Type</b>
	<input type="checkbox"/>	<input type="checkbox"/>	Service _____ AMPS
	<input type="checkbox"/>	<input type="checkbox"/>	Sub panels
	<input type="checkbox"/>	<input type="checkbox"/>	Outlets
	<input type="checkbox"/>	<input type="checkbox"/>	Switches
	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)
			<b>Total Estimated Cost (Electric only) \$</b>

<b>8. WAIVER OF DAMAGES – Must be completed by the property owner</b>
I, (we) the owner of record, hereby hold the Township of Worcester and their agents harmless for any and all damages that may occur to this structure, to include damages incurred during the legal access to right-of-ways and or any and all easements. Furthermore, the structure will be located on our property, but not located in the ultimate right-of-way and will conform with all applicable conditions of the Ordinance of the Township of Worcester.
Owner of Record Signature: _____ Date: _____

<b>9 APPLICANT CHECKLIST Note: Some items may not be required</b>	
<input type="checkbox"/>	<b>Completed and signed accessory structure, patio, deck permit application (3 pages)</b>
<input type="checkbox"/>	<b>2 copies of the plot plan</b>
<input type="checkbox"/>	<b>Homeowner's Association Approval Letter (If Applicable)</b>
<input type="checkbox"/>	<b>Copy of PA Contractor Registration Certificate</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 construction plans (plans may be required to be signed and sealed by a design professional)</b>
<input type="checkbox"/>	<b>2 copies of the electrical plans signed off by a third party Electrical Agency NOTE - required for ALL electrical permits</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>

**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>			
Building Review:	Date Approved:	Use Group:	_____
Zoning Review:	Date Approved:	Type of Const:	VB or _____
Permit Conditions:			

ERECTED INTO A TOWNSHIP IN 1733  
**TOWNSHIP OF WORCESTER**  
AT THE CENTER POINT OF MONTGOMERY COUNTY  
PENNSYLVANIA

**APPLICANT:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Please complete the below to calculate the total proposed and existing building and impervious surface coverages, and return this form with your permit application. This information is needed to issue a permit for your project. Please contact the Codes Department at (610) 584-1410 to obtain the gross lot area for your property, or if you require additional information.

**CALCULATE BUILDING COVERAGE**

*Note... Building coverage includes any structure or improvement that is "under roof".*

\_\_\_\_\_ sf *proposed* improvement(s) \_\_\_\_\_  
\_\_\_\_\_ sf existing home/office/building  
\_\_\_\_\_ sf existing garage  
\_\_\_\_\_ sf existing shed  
\_\_\_\_\_ sf existing other \_\_\_\_\_

\_\_\_\_\_ sf total proposed and existing building coverage (*add all above*)  
\_\_\_\_\_ sf gross lot area

\_\_\_\_\_ % **BUILDING COVERAGE PERCENT** ( = *total building coverage / gross lot area* )

**CALCULATE IMPERVIOUS COVERAGE**

*Note... Impervious coverage includes any structure or improvement that does not allow water to infiltrate into the ground.*

\_\_\_\_\_ sf *proposed* improvement(s) \_\_\_\_\_  
\_\_\_\_\_ sf existing driveways & walkways  
\_\_\_\_\_ sf existing patio  
\_\_\_\_\_ sf existing pool and coping  
\_\_\_\_\_ sf existing other \_\_\_\_\_  
\_\_\_\_\_ sf total proposed and existing building coverage (*from above*)

\_\_\_\_\_ sf total proposed and existing impervious coverage (*add all above*)  
\_\_\_\_\_ sf gross lot area

\_\_\_\_\_ % **IMPERVIOUS COVERAGE PERCENT** ( = *total impervious coverage / gross lot area* )

## 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 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

Signature of Applicant: \_\_\_\_\_

\_\_\_\_\_ Day of 20 \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

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

My Commission expires: \_\_\_\_\_

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

## Electrical Inspection Agencies

Contractor	Contact Information
<b>Bureau Veritas/Atlantic Inland Inspection Inc. Broomall, PA</b>	<b>Ph: (877)-392-9445 (610)-543-3925</b>
<b>Code Inspections Inc 623-C Horsham Road Horsham, PA 19101</b>	<b>Ph: (215)-672-9400</b>
<b>Middle Atlantic Electrical Inspections Inc. P.O. Box 11520 Philadelphia, PA 19101</b>	<b>Ph: (215)-322-2626</b>
<b>Middle Department Inspection Agency 1542 Bristol Pike Bensalem, PA 19020</b>	<b>Ph: (215)-244-1919 (800)-992-6342</b>
<b>Underwriter Inspection Services Inc. P.O. Box 416 Royersford, PA 19468</b>	<b>Ph: (610)-495-2803</b>
<b>United Inspection Agency P.O. Box 3361 Ambler, PA 19002</b>	<b>Ph: (215)-542-9977</b>

### Is electrical work part of your application?

It is the **applicant's responsibility** to have their proposed electrical plan signed and sealed by a third-party electrical agency prior to Township submission. Applications given to the Township without these third-party plans will further delay the permitting process.

Additionally the underwriter shall inspect all rough electrical work and provide the Township with a copy of the approvals.

**\*Worcester Township does not inspect electrical work.**