



**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)
---------------------------------

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:	

# GRADING 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. GRADING TO BE PREFORMED BY – <input type="checkbox"/> Same as Applicant <b>OR</b> <input type="checkbox"/> Same as Contractor	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

6. PURPOSE OF GRADING PERMIT
Description of Work:
Cost of Grading:

### 7. PLANS AND SPECIFICATIONS

The following information must be shown on plans prepared by a Registered Surveyor or Professional Engineer.

- A) Site Contours- showing present and proposed contours in two (2) foot intervals.  
 B) Plot plan- showing location and/or description of:

<input type="checkbox"/>	Grading	<input type="checkbox"/>	Drainage, sewer or water pipes
<input type="checkbox"/>	Streams and drainage courses within 50' of site	<input type="checkbox"/>	Retaining walls and basins
<input type="checkbox"/>	Buildings	<input type="checkbox"/>	Nature of fill material
<input type="checkbox"/>	Area of work	<input type="checkbox"/>	Berms
<input type="checkbox"/>	Floodplain zone on and/or within 50' of site	<input type="checkbox"/>	Boundary and/or lot lines
<input type="checkbox"/>	Neighboring streets & alleys	<input type="checkbox"/>	Location of septic system (if applicable)
<input type="checkbox"/>	Drainage structures	<input type="checkbox"/>	Dimensions of all work
<input type="checkbox"/>	Soil classification and type	<input type="checkbox"/>	Erosion and sedimentation controls
<input type="checkbox"/>	Trees over 6" in diameter measured at 2' above ground	<input type="checkbox"/>	Other

### 8. APPLICANT CHECKLIST *Note: Some items may not be required*

<input type="checkbox"/>	<b>Completed and signed grading permit application</b>
<input type="checkbox"/>	<b>Two copies of the grading plan</b>
<input type="checkbox"/>	<b>Copy of PA Contractor Registration Certificate</b>
<input type="checkbox"/>	<b>Copy of Contractor's Liability Insurance</b> <i>(must list the Township as an additional insured)</i>
<input type="checkbox"/>	<b>Copy of Contractor's Workers' Compensation Insurance</b> <i>(must list Worcester Township as additional insured) or complete the Workers' Exemption form, see pg. 5)</i>

**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.

---

### 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:

\_\_\_\_\_

---

### 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 \_\_\_\_\_