

**UPPER PROVIDENCE TOWNSHIP
BUILDING/ZONING & FIRE PROTECTION
PERMIT APPLICATION**

1286 Black Rock Road * P.O. Box 406 * Oaks, PA 19456
610-933-9179 (phone) * 484-391-2380 (fax)
www.uprov-montco.org

I. TOWNSHIP USE ONLY				
Date Issued: / /	Permit #	Approved By:		
Permit Fee:	\$	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Debit <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
State Surcharge:	\$	Check #	Credit Card #	Exp. Date:
Certificate of Occupancy:	\$	Rcpt #	When Ready: Mail or Call	Appl#
Other Fee:	\$	Date Fee Paid: / /	Collected By:	
Total Permit Fees:	\$	Time/Date Stamp when received:		

II. LOCATION OF JOB		
Site Address:		
Cross Streets:	and	
Subdivision Name:		Lot Number:
Block:	Unit:	Zoning District:

III. PERMIT-TYPE OF WORK (one per application)		
<input type="checkbox"/> Residential OR	<input type="checkbox"/> Commercial	<input type="checkbox"/> Building <input type="checkbox"/> Zoning <input type="checkbox"/> Fire Protection
Flood Zone-Choose One	<input type="checkbox"/> AE <input type="checkbox"/> X	<input type="checkbox"/> OA (Other Areas)
<input type="checkbox"/> New Home <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Pool <input type="checkbox"/> Fence <input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Shed <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Demolition <input type="checkbox"/> **Electrical** <input type="checkbox"/> Other _____ (Fire Protection-see below) <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Fire-Sprinkler System <input type="checkbox"/> Standpipe System <input type="checkbox"/> Dry/Wet Chemical System <input type="checkbox"/> Fire Hydrants		
Description of Work:	Total Project Cost: \$	

IV. OWNER Email-	
Name:	Phone Number: ()
Address:	City, State, Zip:

V. APPLICANT Email-		<input type="checkbox"/> CHECK IF SAME AS OWNER
Name:	Relationship to Owner:	
Address:	Phone Number: ()	
City, State, Zip:	Fax Number: ()	

VI. CONTRACTOR Email-		<input type="checkbox"/> CHECK IF SAME AS APPLICANT
Name: _____		
Address: _____	Phone Number: () _____	
City, State, Zip: _____	Fax Number: () _____	

VII. WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION	
THE APPLICANT IS: THE OWNER OF THE PROPERTY? <input type="checkbox"/> Yes (if yes GO TO BOX A) <input type="checkbox"/> No (if no GO TO BOX B)	
BOX A. SIGN HERE & GO TO STEP VIII:	
BOX B. CONTINUE FILLING OUT SECTION VII: THE APPLICANT IS: A CONTRACTOR WITHIN THE MEANING OF THE PENNSYLVANIA WORKERS' COMPENSATION LAW? <input type="checkbox"/> Yes or <input type="checkbox"/> No (Continue to Box C)	
BOX C. SIGN HERE & GO TO STEP VIII:	

VIII. APPLICANT SIGNATURE	
I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I AM THE HOMEOWNER OR HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT AND WE AGREE TO ALL APPLICABLE LAWS OF THIS JURISDICTION.	
Applicant Name (print): _____	Date: ____/____/____
Applicant Signature: _____	

PLEASE NOTE: Before any application can be given to a Building Inspector for review, the following IS REQUIRED...

- 1-PA State Registration# _____ (for Residential Only)
- 2-Workers Compensation Certificate attached (or Page 4 notarized for exemption)
- 3-Payment of all Application fees
- 4-Stamped Electrical Plans from an Electrical Inspection Agency IF you are doing ANY electrical work as part of this application
- 5-A Site or Plot Plan MUST be included with this application showing all Street locations, all set backs from property lines to proposed work, and all easements, right of ways, basins and any other restricted features on site. (Attach copy or draw on Page 3)
- 6-If required, a copy of your Home Owners Association (HOA) approval letter MUST be attached for all outside work.

All Applicants building an addition, a new home or a new building MUST complete the following information:

IX. SITE INFORMATION	
Water Service: <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewer Service: <input type="checkbox"/> Public <input type="checkbox"/> Private
Fuel Source: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other (List)	

X. BUILDING INFORMATION	
Building Code Use Group:	Specific Use:
Change in Use <input type="checkbox"/> Yes <input type="checkbox"/> No - If YES, attach Change of Occupancy Form.	
Existing Building Area (In Square Feet):	Proposed Building Area (In Square Feet):
Total Building Area (In Square Feet):	
Height of Structure Above Grade:	Number of Stories:
Maximum Occupancy Load (Commercial Applications Only):	
Maximum Live Load (Commercial Applications Only):	
Is Building equipped with an Automatic Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Code Edition:	

XI. DRAW PLOT PLAN HERE OR ATTACH DRAWING
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XII. WORKERS' COMPENSATION EXEMPTION

THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC.

COMPLETE IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM
WORKERS' COMPENSATION INSURANCE.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's 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
_____ day of _____ 20 ____.

(Signature of Notary Public)

(Seal)

My commission expires : _____

Applicant Signature _____

Address _____

County of _____

Municipality of _____

UPPER PROVIDENCE TOWNSHIP
1286 BLACK ROCK ROAD
P.O. BOX 406
OAKS, PA 19456

Upper Providence Township – Montgomery County

INSTRUCTIONS FOR BUILDING/ZONING & FIRE PROTECTION PERMIT APPLICATION

Page 1 of Permit

I. Township Use Only

II. Location of Job: address, cross streets, subdivision name (if applicable), lot #, zoning district, block and unit # of where the work is being performed.

Fill out info as much as you know-minimum address of job location.

III. Permit type: Select either: Residential or Commercial & Building, Zoning or Fire Protection.

(If you are unsure we will fill it in for you)

Flood Plain Designation: Select which zone you are in (AE-100yr flood plain, X-500yr flood plain, & OA-Other Areas (or not in flood plain)

Type of work or improvement: Check box that applies to your type of permit

Describe type of work you will be doing.

Fill in Total Cost \$ of job. - (estimate if necessary)

IV. Owner: Fill out complete owner information. **(w/Email)**

V. Applicant: (if owner check box & go to V) - if not owner fill in applicant information. **(w/Email)**

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VI. Contractor: (if owner or applicant check box go to VI) - if not owner or applicant fill in contractor information. **(w/Email)**

VII. Workers Compensation Insurance Information:

If owner-check-Yes, sign Box A (continue to VII)

If Not owner-check-No, go to Box B- fill out and sign Box C (Continue to VII)

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VIII. Applicant Signature: ALL Applicants (Owner or Contractor) MUST sign here.

****Items 1-5 MUST be completed****

1-PA State Reg# (For Residential Only)

2-Workers Comp certificate attached

3-Payment for Application

4-Stamped electrical plans required if doing ANY electrical work.

5-Site/Plot Plans MUST be included with all Exterior work.

6-HOA letter of approval required for all outside work.

(Below is a list of local Inspection Agencies-

None of which are recommended-this list is for convenience only)

ELECTRICAL INSPECTION AGENCIES		**(Must be Filled Out if Electrical Work is Performed)**	
<input type="checkbox"/> Bureau Veritas (610) 543-3925	<input type="checkbox"/> Other _____	<input type="checkbox"/> UIS (610) 495-2803	
<input type="checkbox"/> Middle Atlantic (215) 322-2626	<input type="checkbox"/> United Inspection Agency (215) 542-9977	<input type="checkbox"/> Other _____	

IX. Site information : This Section to be filled out by Applicants building an addition, a ****new Residential home or a **new Commercial building.**

Page 3 of permit

X. Building Information: This Section to be filled out by Applicants building an addition, a ****new Residential home or a **new Commercial building**

XI. DRAW PLOT PLAN HERE: On page 3 or attached sheet, draw a diagram as explained. This section is required for all permits with the exception of roofing and interior alterations. If your site has unique easements or other potential conflicts for your project, we reserve the right to require an engineered survey even for simpler projects such as decks and pools.

Page 4 of permit

XII. Workers' Compensation Exemption

If you are a Contractor and do NOT have Workers' Compensation Insurance-you MUST have this Section notarized.

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Please be aware - if you are the homeowner and are taking out the permit for your contractor, it is recommended that you check on their insurance. Under certain circumstances, if your contractor is uninsured, you may be held liable if an accident occurs to them or their workers.

New houses also require lot specific site plan showing house footprint, all setbacks, finish grade elevations in addition to all other listed previously. This plan must be prepared and sealed by a registered professional surveyor.

NOTE: Property owners/agents are responsible for all site dimensions and locating the improvements in accordance with all applicable codes. If you are in doubt concerning the location of your property lines contact a civil engineer or surveyor AND have all dimensions and locations certified by a design professional.

Submit construction drawings as listed:

New house - 2 complete sets signed & sealed by an architect or engineer. Truss, HVAC, Plumbing and Electrical drawings are required.

Residential Garage - 2 sets showing complete dimensions, footings, and structural member sizes.

Non-residential Building - 2 complete sets signed & sealed by an architect, structural drawings must be signed and sealed by a Design Engineer.

Additions and Alterations/Residential - 2 sets showing complete dimensions, footings, and structural member sizes.

Basement Alterations - see additional information under Basement Requirements for details.

Sheds/Accessory Buildings - 2 sets detailing size, typical construction and method of installation.

Fence - Plot plan with fence description.

Pool - 2 sets showing location and all pertinent design information also see additional pool requirements for details.

Additions/Non-Residential - 2 sets of engineered plans and third party agency approval with signature on the electrical plan.

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Decks, Porches, Patios - 2 sets of drawings showing footings, connections and dimensions on all components.

Other important information:

Ask the department for more detailed information concerning your specific job or print them off the internet.

* As provided in the code, this office may require additional engineering or design information to determine compliance with the applicable code.

The permit application will be dated when it is submitted and will be reviewed within 15 business days for residential work and 30 for commercial work.

If your application is missing any required documents or is incomplete, it will be denied and returned to you via mail.

Once you have the missing information you may resubmit your application and the review period will start over.

Once a permit is issued you must start work within 6 months and complete the project within 2 years.

Any further questions please call our office and ask for the Building Department. (610) 933-9179.