

**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](http://www.uprov-montco.org)

**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	Control #
Other Fee: \$	Date Fee Paid: / /	Collected By:	
Total Permit Fees: \$	Time/Date Stamp when received:		

**I. PERMIT TYPE**

Residential       Commercial       Building       Zoning       Fire Protection

**II. FLOOD PLAIN DESIGNATION**

ZONES       AE       X       OA (Other Areas)

**III. TYPE OF WORK OR IMPROVEMENT - ONE PER APPLICATION**

New Home     New Building     Addition     Alteration     Pool     Fence     Deck     Porch     Shed  
 Mechanical     Plumbing     Demolition     \*\*Electrical\*\*     Other \_\_\_\_\_ (Fire Protection-see below)  
 Fire Alarm System     Fire-Sprinkler System     Standpipe System     Dry/Wet Chemical System     Fire Hydrants

Description of Work: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**IV. LOCATION OF JOB**

Site Address:		
Cross Streets:		and
Subdivision Name:		Lot Number:
Block:	Unit:	Zoning District:

**V. OWNER**

Name:	Phone Number: (    )
Address:	City, State, Zip:

**VI. APPLICANT**

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

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

<b>VIII. WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION</b>	
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:	

<b>IX. APPLICANT SIGNATURE</b>	
<b>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.</b>	
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# _____
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 <u>ANY</u> electrical work as part of this application
<b>ELECTRICAL INSPECTION AGENCIES                      <b>** (Must be Filled Out if Electrical Work is Performed) **</b></b>
<input type="checkbox"/> Bureau Veritas (610) 543-3925 <input type="checkbox"/> Code Inspections (215) 672-9400 <input type="checkbox"/> Guardian (610) 873-3465
<input type="checkbox"/> Middle Atlantic (215) 322-2626 <input type="checkbox"/> United Inspection Agency (215) 542-9977 <input type="checkbox"/> Other _____
5-A Site or Plot Plan <b>MUST</b> 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)

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

<b>X. SITE INFORMATION</b>	
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)	

<b>XI. BUILDING INFORMATION</b>	
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	

**DRAW PLOT PLAN HERE OR ATTACH DRAWING**

**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

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## INSTRUCTIONS FOR BUILDING/ZONING & FIRE PROTECTION PERMIT APPLICATION

### **Page 1 of Permit**

- I. Permit type: Select either: Residential or Commercial & Building, Zoning or Fire Protection.  
\*\* If you are unsure we will fill it in for you.
- II. Flood Plain Designation: Select which zone you are in (AE-100yr flood plain, X-500yr flood  
\*\* plain, & OA-Other Areas).
- III. 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)
- IV. 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.
- V. Owner: Fill out complete owner information.
- VI. Applicant: (if owner check box & go to VIII) - if not owner fill in applicant information.

### **Page 2 of permit**

- VII. Contractor: (if owner or applicant check box go to IX) - if not owner or applicant fill in  
contractor information.
- VIII. Workers Compensation Insurance Information  
\*If owner-check-Yes, sign Box A and go to VIII  
\*If Not owner-check-No, go to Box B and sign Box C-Continue to VIII
- IX. All Applicants (Owner or Contractor) MUST sign here.

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

1-PA State Reg#

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.

### **Page 3 of permit**

X. & XI. Site information : This Section to be filled out by Applicants building an addition, a new home or a new building.

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.

**\*\*** 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.

### **Page 4 of permit**

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

**\*\*Note:** This page CAN NOT be faxed to our office, we must have the original raised seal on file. If you do regular work in this township we will keep this information on file but it must be updated once every calendar year.

**\*\*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.

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**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.

**\*\*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.**

### 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. \*\*

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

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### **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.