

# UPPER PROVIDENCE TOWNSHIP CONSTRUCTION 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 #	
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

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<input type="checkbox"/> Building	<input type="checkbox"/> Fire Protection <input type="checkbox"/> Zoning

### II. TYPE OF WORK OR IMPROVEMENT

<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"/> Fire Protection <input type="checkbox"/> Demolition <input type="checkbox"/> **Electrical** <input type="checkbox"/> Other _____	
Description of Work:	Total Cost: \$

### III. LOCATION OF JOB

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

### IV. OWNER

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

### V. APPLICANT

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

### VI. CONTRACTOR

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

**VII. 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)	

**VIII. BUILDING INFORMATION**

Building Code Use Group:	Specific Use:
Change in Use <input type="checkbox"/> Yes <input type="checkbox"/> No - If YES, What was the Former Use?	
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	

**IX. ELECTRICAL INSPECTION AGENCY****\*\* (Must be Filled Out if Electrical Work is Performed) \*\***

<input type="checkbox"/> Atlantic Inland (610) 995-2791	<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 (List) _____
<b>Applicant <u>MUST</u> Choose One of the Above Listed Agencies to Inspect ALL Electrical Work</b>		

**X. PLOT PLAN**

A SITE/PLOT PLAN MUST BE INCLUDED WITH THIS APPLICATION SHOWING ALL STREET LOCATIONS, ALL SET BACKS FROM PROPERTY LINES TO PROPOSED WORK, AND ALL EASEMENTS, BASINS, AND OTHER RESTRICTED FEATURES ON SITE. (SEE PAGE 4)

**XI. 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 XIII:	
BOX B. CONTINUE FILLING OUT SECTION XI:	
THE APPLICANT IS: A CONTRACTOR WITHIN THE MEANING OF THE PENNSYLVANIA WORKERS' COMPENSATION LAW? <input type="checkbox"/> Yes (if yes GO TO BOX D) <input type="checkbox"/> No (if no GO TO BOX C)	
BOX C. SIGN HERE & GO TO STEP XIII:	
BOX D. CONTINUE FILLING OUT SECTION XI THEN GO TO SECTION XII:	
NAME OF APPLICANT:	FEDERAL OR STATE EMPLOYER ID #
LIABILITY INSURANCE COMPANY (MUST ATTACH CERTIFICATE):	
POLICY #	EXPIRATION DATE:
WORKERS' COMP. INSURANCE COMPANY (MUST ATTACH CERTIFICATE):	
POLICY #	EXPIRATION DATE:

**XII. WORKERS' COMPENSATION EXEMPTION**

**THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC.**

COMPLETE IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM 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

**XIII. APPLICANT SIGNATURE**

**I HEREBY CERTIFY 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/HER AUTHORIZED AGENT AND WE AGREE TO ALL APPLICABLE LAWS OF THIS JURISDICTION.**

Applicant Name (print): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

DRAW PLOT PLAN HERE OR ATTACH DRAWING