



**TOWNSHIP OF UPPER PROVIDENCE**

1286 Black Rock Road, Phoenixville, PA 19460

610-933-9179 (phone) 484-391-2380 (fax)

www.uprov-montco.org permits@uprov-montco.org

**PERMITS MAY BE SUBMITTED ONLINE TO**  
**[PERMITS@UPROV-MONTCO.ORG](mailto:PERMITS@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			
State Surcharge:	\$	Check #	Credit Card #	Exp. Date:	
Certificate of Occupancy:	\$	Rept #	When Ready: Mail or		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:

If you are an owner in a HOA Development – Homeowners Association- You, as the owner, are responsible for obtaining ANY approvals from your HOA for ANY outside work to be done

III. PERMIT-TYPE OF WORK (one per application)	
<input type="checkbox"/> Residential   OR <input type="checkbox"/> Flood Zone-Choose One	<input type="checkbox"/> Building <input type="checkbox"/> Zoning <input type="checkbox"/> Fire <input type="checkbox"/> AE <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	
Description of Work:	Total Project Cost: \$

IV. PROPERTY OWNER <span style="background-color: yellow;">Email-</span>	
Name:	Phone Number: (   )
Address:	City, State, Zip:
<b>Person in Responsible Charge:</b>	Phone Number: (   )

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



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

<b>VII. 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</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-Payment of all Application fees
- 2-Stamped Electrical Plans from an Electrical Inspection Agency IF you are doing additions, new dwellings or any commercial electrical work
- 3-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)
- 4-If required, a copy of your Home Owners Association (HOA) approval letter MUST be attached for all outside work.



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

<b>VIII. 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>IX. BUILDING INFORMATION (for new and additions only)</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	
Code Edition:	

<b>X. DRAW PLOT PLAN HERE OR ATTACH DRAWING</b>
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