

PENNSBURY TOWNSHIP

702 Baltimore Pike, Chadds Ford, PA 19317

Phone: 610-388-1790 Fax: 610-388-6036

Email: Codes@pennsbury.pa.us

Office Use Only

Permit #: _____

Building Permit #: _____

Date Received: _____

Fee: _____ Paid: _____

PLUMBING PERMIT APPLICATION

(Commercial)

Property Owner: _____

Address: _____

Phone/Fax: _____ Email: _____

Property Address: _____ Subdivision: _____

Tax Parcel or UPI #: _____ Zoning District: _____

Contractor: _____ PA License #: _____

Address: _____

Phone/Fax: _____ Email: _____

Work Description: _____

Completion Date: _____ Estimated Cost: _____

Estimated Inspection Date: _____ or Contact Township when ready for inspection

Type of Equipment:	Number
Sprinkler Heads	
Sprinkler Pumps	
Sinks	
Baths	
Water closet	
Lavatory	
Tank and Heater	
Water Distribution Systems	
Floor Drains	
Sewage Ejector	
Fountain (Drinking)	

Type of Improvement:

New Construction

Alterations

Sprinkler/Fire Suppression System

Sump	
Showers	
Urinal	
Catch Basin	
Dishwashing Machine	
Humidifier	
Garbage Grinder	
Washing Machine	
Special Wastes	
Rainwater Leaders	
Miscellaneous Fixtures	

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 the authorized agent and we agree to conform to all applicable ordinances of Pennsbury Township.

Contractor Signature: _____ Date: _____

_____ Date: _____

Russell Drumheller
Code Enforcement Officer

PLUMBING PERMIT CONTRACTOR REGISTRATION (Commercial Only)

Check the applicable registration type(s):

PLUMBING

HV A/C

1. BUSINESS INFORMATION:

Name: _____

Address: _____

Phone: _____ Email: _____

2. PLUMBERS INFORMATION:

Master Plumber Name: _____

Home Address: _____

Number of years employed by company: _____

Have you taken a written contractors' exam? _____

If so what type (plumbing, HV A/C, electrical, other)? _____

Where and in what year? _____

Name of trade school or apprenticeship program you completed and certification(s) attained?

Contractor license(s) from other municipalities? ATTACH COPY

List all other plumbers:

1. _____

2. _____

3. _____

4. _____

5. _____

3. REGISTRATION FEE (see Township fee schedule): _____

IMPORTANT NOTICE

Contractors must submit certificates of insurance to obtain registration certificate to work in the township. Such certificate of insurance shall include WORKERS' COMPENSATION. Should workers' compensation insurance expire for any reason the contractor's registration will be immediately revoked.

Signature: _____

PLUMBING PERMIT

NOTICE

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

The attached form must be completed by all parties acting as the Applicant, when applying for a Commercial Plumbing permit. All parties, except for those exempt under Section C, shall also submit a Workers' Compensation Certificate which includes the effective date of the coverage and the original signature of the insurer. (Faxed copies will not be accepted.)

GENERAL LIABILITY INSURANCE COVERAGE INFORMATION

In addition to the above, all applicants, except for the property owner, shall submit an Insurance Certification of General Liability in the amount of \$500,000 or more. The Township shall be noted as the Certificate Holder. Such certification shall carry the original signature of the insurer. (Faxed copies will not be accepted.)

PROPERTY OWNERS' INFORMATION

If the applicant is the owner of the property, Insurance Certification for general liability and workers' compensation are not required to obtain a Permit. However, should the property owner hire or contract with other parties or subcontractors, the homeowner could be held responsible for a loss, if those parties do not have the proper insurance. The homeowner applicant should assure that anyone working on their property has in force the proper current liability and workers' compensation insurance coverage.

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM

(Attach to Commercial Building Permit Application - All information must be completed)

A. Instructions

If the applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law, **complete Sections B & D below.**

If the applicant is a contractor with no employees, or a contractor with employees who claim a religious exemption, **complete Sections C, D & E below.**

B. Insurance Information

Name of Contractor: _____

Federal or State Employer Identification No.: _____

Name of Workers' Compensation Insurer: _____

Policy No.: _____ Expiration Date: _____ **Copy of certificate required**

Applicant is a State approved self-insurer for workers' compensation. **Copy of certificate required**

C. Affidavit of Exemption

The undersigned hereby 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 below:

Contractor with no employees. Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance.

Contractor with employees who claim a religious exemption under Section 304.2 of the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance provided that copies of their Certification of Religious Exception (LIBC-14C) forms for EACH EMPLOYEE that will be performing work at the project site, are submitted with this application.

The undersigned hereby swears or affirms that he/she has understands and will comply with the following:

- Any sub-contractors working on this project are also required to complete this form and carry their own workers' compensation coverage.
- The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Workers' Compensation Law.
- Violation of the Workers' Compensation Law or the terms of this permit will subject the applicant to a stop work order and other fines and penalties provided by the law.

D. Applicant Information

Name - Please print clearly

Street Address

City, State, Zip

Signature

E. **THIS FORM MUST BE NOTARIZED WHEN CLAIMING AN EXEMPTION**

Subscribed and sworn before me this

____ day of _____, 20____

Signature of Notary Public

My Commission Expires: _____