



BOROUGH OF ROYERSFORD

300 MAIN STREET
ROYERSFORD, PENNSYLVANIA 19468
(610) 948-3737 • FAX (610) 948-2915



ZONING/UNIFORM CONSTRUCTION PERMIT APPLICATION

LOCATION OF PROPOSED WORK OR IMPROVEMENT

(any address should include street, city, state & zip code)

County: _____ Municipality: _____

Site Address: _____

Tax Parcel #: _____ Lot Size: _____ Lot #: _____

Subdivision / Land Development Name: _____

Owner/Applicant Name: _____ Phone #: _____

Mailing Address: _____

Fax #: _____ E-Mail: _____

☐ CALL ME WHEN PERMIT IS READY

Principal Contractor: _____ Phone #: _____

Mailing Address: _____

Fax #: _____ E-Mail: _____

PA Contractor Registration #: _____

☐ CALL ME WHEN PERMIT IS READY

Architect: _____ Phone #: _____

Mailing Address: _____

Fax #: _____ E-Mail: _____

TYPE OF WORK OR IMPROVEMENT

- | | | | | | | |
|--|--|-------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Change of Use | | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical | <input type="checkbox"/> Other |

Describe the proposed work _____

ESTIMATED COST OF CONSTRUCTION (Reasonable fair market value) \$ _____

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL OR ACCESSORY THERETO

- ☐ One-Family Dwelling (R-3)
☐ Two-Family Dwelling (R-3)

NON-RESIDENTIAL

Specific Use: _____
Use Group: _____
Change in Use: ☐ Yes ☐ No
If YES, Indicate Former: _____

BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: _____ Existing _____ Proposed _____

- | | |
|----------------------------|---|
| Water Service: (Check One) | <input type="checkbox"/> Public (Copy of Authority approval) |
| | <input type="checkbox"/> Private (County Permit Approval if required) |
| Sewer Service: (Check One) | <input type="checkbox"/> Public (Copy of Authority approval) |
| | <input type="checkbox"/> Private (Septic Permit # _____) |

STORMWATER

New Impervious Area created: _____ Sq. Ft.

Existing Impervious Area: _____ Sq. Ft.

BUILDING DIMENSIONS

Existing Building Area: _____ Sq. Ft.
Proposed Building Area: _____ Sq. Ft.
Total Building Area: _____ Sq. Ft.

Number of Stories: _____
Height of Structure Above Grade: _____ Ft.
Area of Largest Floor: _____ Sq. Ft.

FLOODPLAIN

Is the site located within an identified flood hazard area? (*Check One*) ☐ Yes ☐ No
Will any portion of the flood hazard area be developed? (*Check One*) ☐ Yes ☐ No ☐ N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically *Section 60.3*

Lowest Floor Level: _____

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents, PA Act 45 of 1999 (Uniform Construction Code), Act 247 of 1968 as amended (Municipalities Planning Code), and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances or the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations and is responsible for all review costs incurred for the proposed project.

Application for a permit shall be made by the *owner* or lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

I certify the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address

Date

Directions to Site

Approved by: _____

Permit #'s _____



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ELECTRICAL PERMIT APPLICATION

Date _____

Permit No. _____

(Assigned by Borough)

Job Site Address _____

Contractor _____

Phone _____

Address _____

Electric Company Job # _____

Job Site Owner _____ Experience (Journeyman, etc.) _____

Job Site Phone _____ License Number _____

General Information (circle all that apply)

Single Family Residence Multiple Residences _____ Businesses Industrial

quantity

New

Remodel

Repair

Accessory Structure

Pool

Temporary

Permanent

Service Size (if applicable) Voltage _____ Amperage _____ Phase _____

Service wire size and type Gage _____ Metal _____ (cu, al, cu/al)

Grounding Electrode System _____

Wiring Method: NM AC MC RNC RMC

Size

Type

Emergency Generator Voltage _____ Amperage _____ Size _____

HVAC: Type _____ Tonnage _____ HP _____ Voltage _____ Amperage _____

Baseboard Quantity _____ Amperage Total _____

Fire/Emergency System Type _____ Quantity of detectors _____

Is a set of electric plans included with this or with the building application? _____ (Y/N)

Applicant certifies that all information given is correct and that National Electric Code NFPA 70 and IRC will be complied with in performing the work for which this permit is issued.

Work must begin within six (6) months of permit issuance or the permit shall be come invalid.

Description of work: _____

ESTIMATED COST OF ELECTRICAL CONSTRUCTION (Reasonable fair market value) \$ _____

Signature of Applicant _____

Date _____



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PLUMBING PERMIT APPLICATION

Date of Application: _____, 20____ Permit Fee: \$ _____

Name of Applicant (Owner): _____

Address _____ Phone _____

_____ Zip Code _____

Name of Contractor: _____

Address _____ Phone _____

_____ Zip Code _____

Subdivision Name and Lot No. (if applicable): _____

Tax Map Parcel Number: _____

Check Appropriate Box: ☐ Mobile Home or Manufactured Dwelling
☐ Single-Family Dwelling
☐ Two Family Dwelling
☐ Apartment Building or Condominium
☐ Addition or Alteration
☐ Sewer Lateral
☐ Water Lateral
☐ Non-Residential Application: Specify: _____
☐ Permit for work not listed elsewhere

Statement of materials to be used: _____

Estimated Cost of Plumbing Construction (*Reasonable fair market value*) \$ _____

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

=====

Permit No. _____ Issuance Date: _____

Approved by Inspector _____ Date: _____

Workers' Compensation Insurance Coverage Information

1. Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law?
☐ Yes ☐ No

If the answer is “yes”, complete **Sections B, C, D, and E** below as appropriate.

If the answer is “no”, complete **Section E**.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification Number_____

Applicant is a qualified self-insurer for workers' compensation.

☐ Check if Certificate is attached.

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy Number _____

☐ Check if Certificate is attached.

Policy Expiration Date_____

- C.** Is the applicant using any subcontractor(s) on this project? ☐ Yes ☐ No

If the answer is "yes", the applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.

- D.** Exemption: Complete **Section D** if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of the Pennsylvania Worker's 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__

My Commission expires: _____

Signature of Notary Public

(Seal)

- E. Signature required for all applicants**

Signature of Applicant _____

Address _____

County _____ Municipality of _____

NAME: _____

PLOT PLAN / SKETCH PLAN AREA

LOCATION: _____

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are 20 columns and 20 rows of squares, creating a total of 400 square units. The paper is otherwise completely blank, with no margins, text, or other markings.

The Plot Plan must show size and location of all structures and wells on the property and the distance to property lines (hand drawn is acceptable)

Is your drawing to scale Y / N? If yes, what is the scale? _____