

**UCC**

**SUPERVISORS OF WHITPAIN TOWNSHIP**

MONTGOMERY COUNTY

960 WENTZ ROAD, BLUE BELL, PA 19422

PHONE: (610) 277-2400 - FAX: (610) 277-2209

www.whitpaintownship.org

EMAIL: buildingandzoning@whitpaintownship.org

**APPLICATION FOR PLAN  
EXAMINATION AND  
BUILDING PERMIT**

**COMMERCIAL APPLICATION**

**(INTERNAL USE ONLY)  
JOB ADDRESS:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Address number, Street Name, & Suite)

USE:

- Commercial
- Institutional
- Office
- Industrial
- Multi-family
- Other \_\_\_\_\_

WORK  
DESCRIPTION:

- New
- Addition
- Tenant Alteration
- Minor Structural Alteration
- Demolition
- Sign
- Other \_\_\_\_\_

COST: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Zoning District: \_\_\_\_\_

ZHB Decision No: \_\_\_\_\_

# CODE ENFORCEMENT DEPARTMENT

## COMMERCIAL ZONING PERMIT APPLICATION

APPLICANT	
Name:	_____
Address:	_____
City/State/Zip:	_____
Phone:	_____
Email:	_____
Fax:	_____

PROPERTY OWNER	
Name:	_____
Address:	_____
City/State/Zip:	_____
Phone:	_____
Email:	_____
Fax:	_____

Business Name: \_\_\_\_\_  
Job Address: \_\_\_\_\_  
Building #: \_\_\_\_\_ Suite #: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_

Has a Land Development Plan been submitted to the Township Engineer for approval: Y  N

Are you requesting a waiver of the requirement to obtain Land Development Plan approval from the Township Engineer: Y  N

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

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Owner/Agent

**OWNER (OR AGENT FOR OWNER) MUST SIGN THIS APPLICATION**  
**TWO (2) COPIES OF SITE PLANS MUST ACCOMPANY THIS APPLICATION**  
**INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED**  
**DO NOT BEGIN WORK UNTIL PERMIT IS ISSUED**

FOR OFFICE USE ONLY

Date Issued: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_

Permit #: \_\_\_\_\_  
Approved By: \_\_\_\_\_

# WHITPAIN TOWNSHIP

960 Wentz Road  
Blue Bell, Pennsylvania 19422  
Telephone (610) 277-2400 | Fax (610) 277-2209  
Office Hours: Mon-Fri 1-2 p.m. & By Appointment

## CODE ENFORCEMENT OFFICE

### WORKERS COMPENSATION INSURANCE COVERAGE AFFIDAVIT (REQUIRED FOR ALL BUILDING PERMITS)

#### **The Applicant Is (*please check one only*):**

- A Contractor.** An insurance certificate indicating workers compensation insurance coverage and Whitpain Township as the certificate holder is required before your permit can be issued. Your insurance provider may fax the certificate to 610-277-2209, then forward the original by mail to expedite the permitting process. It is the contractor's obligation to obtain insurance certificates and affidavit documentation from all subcontractors.
- The Property Owner – Not a Contractor.** Your permit will be issued indicating that you may not hire others to perform work associated with the building permit unless the workers compensation insurance certificate and/or affidavit documents are obtained.
- A Contractor with No Employees.** Your permit will be issued indicating that you may not hire others to perform work associated with the permit unless the workers compensation insurance certificate and/or affidavit documents are obtained.
- Claiming a Religious Exemption to the Insurance Requirement.** Your permit will be issued indicating that you may not hire others to perform work associated with the permit unless the workers compensation insurance certificate and/or affidavit documents are obtained.

#### **Insurance Information:**

**Name of Applicant (*Please Print*):** \_\_\_\_\_

**Federal Employer Tax ID Number:** \_\_\_\_\_

**Workers Compensation Insurance Provider:** \_\_\_\_\_

**Insurance Policy #:** \_\_\_\_\_

**Policy Expiration Date:** \_\_\_\_\_

Subscribed and sworn before me this  
\_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public  
My commission expires \_\_\_\_\_

I understand that compliance with Act 44, The Pennsylvania Workers Compensation Insurance Reform Law, is a condition of my permit. I understand I have the obligation to provide written notification to the township of any changes in my insurance status. I understand that state law requires the Code Enforcement Office to issue a stop work order if the insurance documentation requirements of Act 44 are not maintained, or if uninsured and/or undocumented workers are at work on any project associated with a building permit.

**Signature:** \_\_\_\_\_  
**(APPLICANT SIGNATURE REQUIRED)**

*Un-notarized affidavits will be notarized by the township and signed in the presence of the notary when dropped off.  
A \$2.00 notary fee will be added to the permit fee and collected at the time the permit is issued.*

**IDENTIFICATION - To be completed by all applicants**

Name		Mailing Address - Street, City, State, & Zip	Tel. No.	Fax. No.
Owner or Lessee			H	
			W	
Contractor			W	
			C	
Architect			W	
			C	
Engineer			W	
			C	
Design Prof. in Responsible Charge			W	
			C	
Signature of Applicant:		Address:	Application Date:	
Print Applicant's Name:		Cell Phone No:		
		Email Address:		

STATE OF PENNSYLVANIA  
 COUNTY OF MONTGOMERY

The owner of this property and/or the undersigned agree to conform to and are knowledgeable of all applicable laws, codes, and ordinances of this jurisdiction, and any other authority having jurisdiction pertaining to the activity for which this permit is requested.

Signature of applicant: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

<b>VALIDATION (FOR DEPARTMENT USE ONLY)</b>	
Building Permit Number: _____	U&O Application Number: _____
Date Permit Issued: _____ 20____	Certificate of Occupancy Issued: _____
Building Permit Fee: _____	
U & O Fee: _____	
Notary Fee: _____	
Energy Fee: _____	
PA Surcharge Fee: _____	Approved by: _____
TOTAL DUE: \$ _____	_____
	(TITLE)