



Whitpain Township  
960 Wentz Road  
Blue Bell, PA 19426  
610.277.2400  
Whitpaintownship.org

## Code Enforcement Department

### Building Permit Application

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**Required Information: All Building Permit Applications must include the following items:**

- Zoning Permit Application
  - Contractors PA State License
  - Contractor General Liability Insurance Certificate
  - \$100.00 plan review fee made Payable to Whitpain Township
  - 2 Copies of all applicable plans, including site plans
  - Whitpain Township Workers Compensation Insurance Coverage Affidavit
  - **Commercial Only**- PA Dept. L&I Accessibility Plan Approval Certificate
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Residential

Commercial

**1. Property Information:**

Property Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Applicant Information:**

Property Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**3. Contractor Information:**

Company Name: \_\_\_\_\_

On-Site Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**4. Description of Work (Required):**

<input type="checkbox"/> New Construction/ Building	<input type="checkbox"/> Demolition	<input type="checkbox"/> Roof
<input type="checkbox"/> Addition	<input type="checkbox"/> Sign	<input type="checkbox"/> Deck/ porch over 30" in height
<input type="checkbox"/> Renovation	<input type="checkbox"/> Pool/ Spa	<input type="checkbox"/> Accessory Structure over 1,000 sqft.
<input type="checkbox"/> Other (describe): _____		

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**5. Square footage of Improvements (Required):**

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Total Square Footage : \_\_\_\_\_

**6. Total Value/ Cost of Improvements (Required):**

\$ \_\_\_\_\_ Dollars

**7. I hereby certify that the proposed work is authorized by the owner of this property and that I have been authorized to submit this application. The undersigned agrees 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 to which this permit is requested.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>For Department Use Only</u></b>	
Building Permit Number: _____	Date Permit Issued: _____
Permit Fee: \$ _____	Zoning District: _____
U&O Fee: \$ _____	ZHB Case #: _____
Energy Fee: \$ _____	
Notary Fee: \$ _____	
PA Act 45 Fee: \$ _____	
Total Due: \$ _____	
Approved By: _____	Title: _____



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### Workers Compensation Insurance Coverage Affidavit

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**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.

**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.*



Whitpain Township  
960 Wentz Road  
Blue Bell, PA 19422  
610.277.2400  
Codes@WhitpainTownship.org

## Code Enforcement Department Zoning Permit Application

**Required Information: All Zoning Permit Applications must include the following items:**

- 2 Copies of all applicable plans, including site plans

Residential

Commercial

### 1. Property Information:

Property Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Applicant Information:

Property Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. Building/ Structure Information:

Description of Structure: \_\_\_\_\_

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

### 4. Provide the following distances from the proposed building/ structure in feet:

Rear Property Line: \_\_\_\_\_ Side Property Line: \_\_\_\_\_ House: \_\_\_\_\_

### 5. Signatures:

Property Owner: \_\_\_\_\_ Applicant: \_\_\_\_\_

#### For Office Use Only

Date Issued : \_\_\_\_\_

Permit Number: \_\_\_\_\_

Fee: \_\_\_\_\_

Approved By: \_\_\_\_\_