

BOROUGH OF COLWYN

221 Spruce Street
Colwyn, PA 19023
Phone: 610-461-2000
www.colwynborough.com

BUILDING PERMIT APPLICATION

USE FOR NEW CONSTRUCTION, ADDITIONS, ALTERATIONS, FRAMING, ROOFING, SIDING, DECKS

APPROVED BY _____ **PERMIT #** _____

CONTRACTOR'S LICENSE # _____ FEE DUE \$ _____

\$4.50 STATE FEE ADDED TO EACH PERMIT

FEE SCHEDULE

RESIDENTIAL & COMMERCIAL \$40 FIRST \$1,000 / \$30 EACH ADDITIONAL \$1,000 OR PART THEREOF

LIST ADDRESS OF PROPERTY IN QUESTION:

PROPOSED WORK AND MATERIALS USED:

VALUE OF JOB: \$ _____ TIME TO COMMENCE _____

PROPERTY OWNERS NAME _____

ADDRESS _____

PHONE _____

CONTRACTORS NAME _____

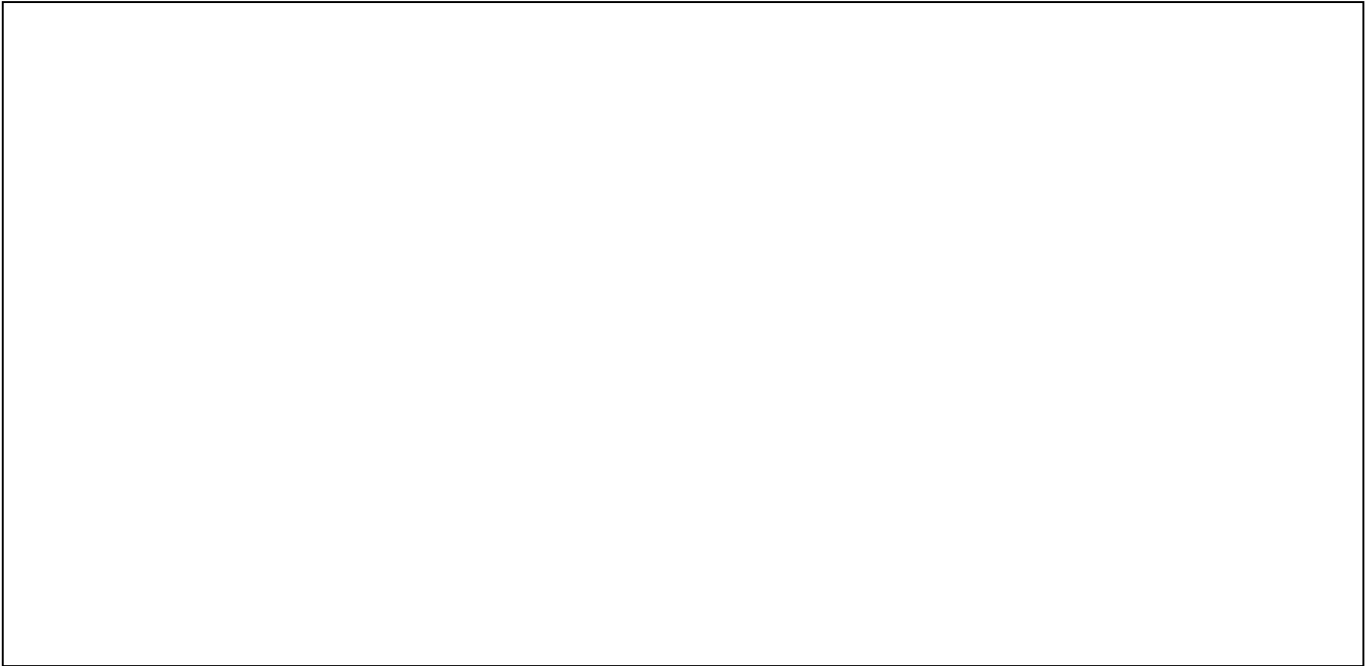
ADDRESS _____

PHONE

CONTRACTOR'S FEDERAL ID #

FALSE INFORMATION PROVIDED IN THE APPLICATION PROCESS WILL RESULT IN IMMEDIATE REVOCATION OF THE LICENSE AND PERMIT.

APPLICANT MUST DRAW A SKETCH OF HOUSE AND ANY OUT BUILDINGS ON THE LOT, EXISTING OR PROPOSED, AND INDICATE DIMENSIONS FROM EACH PROPERTY LINE.



BEFORE A PERMIT IS ISSUED, ALL OF THE ABOVE MUST BE COMPLETED WITH:

1. CONTRACTOR'S LICENSE NUMBER:
 - a. PROOF OF PUBLIC LIABILITY
 - b. PROOF OF WORKER'S COMPENSATION **OR**
 - c. WORKER'S COMPENSATION RELEASE FORM
2. BUILDING PERMIT APPLICATION, IN ITS ENTIRETY, INCLUDING SETBACKS FROM THE PROPERTY LINE
3. COPY OF CONTRACTOR'S PROPOSAL TO OWNER
4. FOR ALL ADDITIONS, DECKS AND FENCES:
 - a. A DETAILED DRAWING OR PRINT
 - b. MATERIAL LIST
 - c. ALLOW THREE (3) DAYS FOR TOWNSHIP REVIEW/APPROVAL
5. ALL APPLICABLE PERMITS (PLUMBING, ELECTRICAL, ETC.) MUST BE TAKEN OUT AT THE SAME TIME AS THE BUILDING PERMIT.

LIST ALL OTHER CONTRACTORS ON THE JOB.

PLUMBING_____

HEATER_____

AIR CONDITIONING_____

ELECTRICAL_____

WORKERS COMPENSATION INSURANCE COVERAGE PROGRAM

- A. **THE APPLICANT IS** A CONTRACTOR WITHIN THE MEANING OF THE PENNSYLVANIA WORKER'S COMPENSATION LAW. _____ YES _____ NO

IF THE ANSWER IS "YES", COMPLETE SECTIONS B AND C BELOW, AS APPROPRIATE.

B. INSURANCE INFORMATION

NAME OF APPLICANT: _____

FEDERAL OR STATE IDENTIFICATION NUMBER: _____

APPLICANT IS A QUALIFIED SELF-INSURER FOR WORKER'S COMPENSATION – CERTIFICATE ATTACHED

NAME OF WORKER'S COMPENSATION INSURER: _____

WORKER'S COMPENSATION INSURANCE POLICY NUMBER: _____

POLICY EXPIRATION DATE: _____

C. EXEMPTION

COMPLETE SECTION C IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM PROVIDING WORKER'S COMPENSATION INSURANCE.

THE UNDERSIGNED SWEARS OR AFFIRMS THAT HE/SHE IS NOT REQUIRED TO PROVIDE WORKER'S COMPENSATION INSURANCE UNDER THE PROVISIONS OF PENNSYLVANIA'S 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 WORKER'S COMPENSATION LAW.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____

APPLICANT SIGNATURE

(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES _____

SEAL:

ADDRESS

COUNTY

MUNICIPALITY