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

PLUMBING PERMIT APPLICATION

RESIDENTIAL & COMMERCIAL PLUMBING PERMIT FEE: $40 FIRST $1,000 / $30 EACH ADDITIONAL $1,000 OR PART THEREOF

PROPERTY ADDRESS: _____

PROPOSED WORK AND MATERIALS USED:_____

_____

_____

VALUE OF JOB: $_____**TIME TO COMMENCE**_____

PROPERTY OWNERS NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

CONTRACTORS NAME _____

ADDRESS_____

PHONE _____

EMAIL _____

CONTRACTOR'S LICENSE # _____

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

RECEIVED DATE: _____ RECEIVED BY: _____ ☐ APPROVED ☐ DENIED

AMOUNT PAID $_____ ☐ Money Order #_____ ☐ Credit Card #_____

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