

WEST CONSHOHOCKEN BOROUGH  
112 FORD STREET  
WEST CONSHOHOCKEN, PA 19428  
OFFICE: (610) 828-9747 FAX: 610-828-9646

APPLICATION FOR BUILDING PERMIT

Date Submitted: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Site Location: \_\_\_\_\_

Is there a shed, detached garage, gazebo, or swimming pool on the property?  Yes  No If yes, locate this on the site plan.

Are you using a dumpster?  Yes  No If yes, Where will the dumpster be located? \_\_\_\_\_

Contractor's Name: Write Exempt if homeowner or tenant is doing the construction:

Name of Contractor \_\_\_\_\_

Contractor's Address \_\_\_\_\_

\_\_\_\_\_  
Contractor's Business Phone Number

\_\_\_\_\_  
Contractor's Cell Phone Number

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Type of Structure/Activity (Check off the boxes that pertain to this project)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> New Construction, Residential | <input type="checkbox"/> All Alterations Residential and Others<br>(Interior Renovations, Repairs Etc.) | <input type="checkbox"/> Deck or Porch |
| <input type="checkbox"/> New Construction, All Other   | <input type="checkbox"/> Swimming Pool  | <input type="checkbox"/> Demolition    |
| <input type="checkbox"/> Roof                          | <input type="checkbox"/> Detached Garage/Shed over 1000 Sq. Ft.   |  |

Description of Work Proposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Estimated Value of Improvement \$ \_\_\_\_\_

Square Footage of Construction Project: \_\_\_\_\_

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Architect's/Engineer's Name

Architect's/Engineer's Phone Number

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Instructions:

- 1) Three sets of plans and three sets of building specifications must accompany this application. The plans must contain a rendition showing footers, elevation drawings for all sides unless sides are identical, and a plan view for each level including roof level. List building materials.
- 2) Sealed plans by a PA licensed architect or PA engineer are required. The Borough Code Official may exempt this requirement for residential work and minor projects. Please direct sealed plan questions to the Building Inspector.
- 3) One plot plan must be submitted showing the following information. (Exception: No plot plan is needed for an office retrofit, commercial retrofit that does not expand the existing structure, or residential alterations/renovations that does not expand the existing structure.)
  - a) Show the size and shape of the lot.
  - b) Locate existing main structure (including if applicable rear or side porch, side deck or rear deck). Show the street and/or alley. If corner lot show both streets.
  - c) Locate existing accessory structures (sheds, swimming pools, detached garages, and gazebos) with distances to the sideline, rear line, and main structure.
  - d) Show new structure and how it is located in relation to the current main structure and current accessory structures. Provide distance from the new structure to the rear property line, side property line, front street line, and front yard setback. Also, if applicable, show distances from the proposed improvement to accessory structures, streams, steep slopes, wetlands, floodplain and floodway.
- 4) If subcontractors are being used submit a list of their names and corresponding trade.
- 5) This is an application. A complete application must be reviewed by the code official for conformity to the Borough's Codes. If the proposed structure and/or improvement conforms to the Borough 's Codes an approval/denial will be issued within 15 working days of receipt for a residential use and 30 working days for all other applications. A complete application means all of the trades people have a current registration and filed the permit applications and plans for electrical, hvac, mechanical, plumbing and other required approvals.
- 6) The applicant --contractor/ property owner/ tenant-- is responsible for the accuracy of the information contained in this application and the plot plan. If the permit is issued based on incorrect building setback dimensions, incorrect building size, or missing structures the Borough may rescind the permit. All expenses incurred as a result of a misrepresentation are borne by the applicant.
- 7) All inspections require a minimum of 48 hours notice.
- 8) For Roofs indicate if existing covering and/or deck is to be removed. If proposed construction is a re-roof, Items 1, 2, & 3 do not apply.

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

**WEST CONSHOHOCKEN BOROUGH  
WORKERS' COMPENSATION INSURANCE COVERAGE PER PA ACT 44 OF 1993**

THE APPLICANT (PROPERTY OWNER/TENANT/CONTRACTOR) IS: (Check one)

- Contractor and sole proprietor without employees. Exempt \*
- Contractor and a corporation with only "Executive Employees" qualified under Section 104 of Act 44. Exempt \*
- Contractor and exempt on religious grounds qualified under Section 304.2 of Act 44. Exempt \*
- Property owner/tenant. Exempt \*
- Required under Act 44 to have Workers' Compensation Insurance. Give us a Certificate of Insurance listing Borough of West Conshohocken as a policy certificate holder.

Print Name of Applicant: \_\_\_\_\_

Name of Workers' Compensation Carrier. Complete if not Exempt \_\_\_\_\_

Federal/State I.D. No. (Complete if not Exempt): \_\_\_\_\_

All subcontractors working on this job must provide their own workers' compensation coverage and complete this form. If the applicant has checked off an exempt box, the applicant must not employ anyone to work on this project. Violation(s) of the PA Worker's Compensation Act or the terms of this permit will subject the applicant to a stop work order and other fines and penalties provided by law.

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My signature as the applicant for this permit constitutes my verification that the statements contained herein are true; that the building plans, specifications, and materials conform to the Code of West Conshohocken Borough; and that the structure and/or activity will be completed in accordance with the building plans and specifications submitted with this permit application.

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

\_\_\_\_\_  
Print Name

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

Name of Company (if Applicable): \_\_\_\_\_

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

**For Office Use**

Workers Comp

Plot Plan

Building Plans/Material List/Sealed Plans

Subcontractor's List

Permit Fee: \$ \_\_\_\_\_

UCC Fee            \$ 4.00

Total            \_\_\_\_\_

Fee Paid:    Check \_\_\_\_\_

Date Paid: \_\_\_\_\_

Building Inspector's Initials: \_\_\_\_\_

Approved or Disapproved

Comments:

Zoning Officer's Initials: \_\_\_\_\_

Approved or Disapproved

Date

Comments: