

**WEST EARL TOWNSHIP**

157 W. Metzler Rd  
P.O. Box 787  
Brownstown, PA 17508  
www.westearltp.org  
Phone: (717) 859-3201  
Fax: (717) 859-3499

**Office Use Only**

Date of Receipt: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
Zoning District: \_\_\_\_\_  
County Parcel ID Number: 210- \_\_\_\_\_

**APPLICATION FOR ELECTRICAL/MECHANICAL PERMIT**

Applicant's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

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

Owner's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

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

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

Describe the proposed work to be completed: \_\_\_\_\_

PPL Job Number (if applicable): \_\_\_\_\_

Estimated Date of completion: \_\_\_\_\_

<b>West Earl Township Fees</b>	<b>Choose Inspection Agency – Select One Below:</b>	
Permit Fee:	<input type="checkbox"/> Associated Building Inspections Inc.	717-733-1654
DCED Training Fee:	<input type="checkbox"/> Code Administrators, Inc.	717-859-3350
Municipal Fee:	<input type="checkbox"/> Commonwealth Code Inspection Service, Inc.	717-664-2347
<b>Total Fee:</b>		

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

**For Zoning Officer's Use Only**  
The application is:    Approved ( )    Denied ( )

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Officer's Signature

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Phone: 717-859-3201 Fax: 717-859-3499  
datadept@westearltpw.org

Contractor Listing

PERMIT # \_\_\_\_\_

**General Contractor**

Business Name:		
Contact:	Telephone:	
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

**Electrical Contractor**

Business Name:		
Contact:	Telephone:	
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

**Plumbing Contractor**

Business Name:		
Contact:	Telephone:	
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

**HVAC Contractor**

Business Name:		
Contact:	Telephone:	
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

**Contractor**

Business Name:		
Contact:	Telephone:	
Address:		
City:	State:	Zip:
Fax:	Cell:	Office/Other:

**INSURANCE INFORMATION IS REQUIRED**  
**APPLICANT MUST SELECT ONE (1) of the FOUR (4) BELOW**

- 1. INDEPENDENT CONTRACTOR:** No employees – submit the notarized Worker's Compensation Insurance Exemption Form (on page 5 of this packet).  
*Check here if applicable:*    ☐
  
- 2. PRIMARY CONTRACTOR:** Provide Certificate of Liability Insurance listing West Earl Township as the Certificate Holder.  
*Check here if applicable:*    ☐
  
- 3. PROPERTY OWNER** assumes all insurance / liability responsibilities for this permit.  
*Check here if applicable:*    ☐
  
- 4. RELIGIOUS EXEMPTION** under the Workers' Compensation Law.  
*Check here if applicable:*    ☐

**ALL APPLICANTS MUST COMPLETE THE  
FOLLOWING PAGE**

# Workers' Compensation Insurance Coverage Information

## A. THE APPLICANT IS

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

( ) Yes ( ) No

## B. INSURANCE INFORMATION

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

Federal or State Employer 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: \_\_\_\_\_

( ) Certificate attached

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

## C. EXEMPTION

(Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.)

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons as indicated:

( ) Contractor with no employees. Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township. **If you are a contractor with no employees this form must be notarized.**

( ) Religious exemption under the Workers' Compensation Law.

***The notarized section below is for Independent Contractors with no employees.  
Primary contractors, property owners performing their own work and those claiming religious exemption  
are not required to provide a notarized statement.***

Subscribed and sworn before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20 \_\_\_\_\_ (seal)

\_\_\_\_\_  
(Signature of Notary Public)

My Commission Expires: \_\_\_\_\_

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

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

County of: \_\_\_\_\_

Municipality: \_\_\_\_\_