

WEST EARL TOWNSHIP

157 W. Metzler Rd
P.O. Box 787
Brownstown, PA 17508
www.westearltwp.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: _____

West Earl Township Fees	Choose Inspection Agency – Select One Below:
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
Total Fee:	

Date

Applicant's Signature

For Zoning Officer's Use Only

The application is: Approved () Denied ()

Date

Zoning Officer's Signature

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157 West Metzler Road, P.O. Box 787 Brownstown, PA 17508
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: _____