

TOWNSHIP OF RIDLEY  
100 E. MacDade Blvd.  
FOLSOM, PA 19033  
610-534-4803 Fax 610-534-2545



Permit Fee:	\$ _____
Ucc Fee:	\$ _____
Totals:	\$ _____

Date Received:	_____	By:	_____
Permit #:	_____		
Payment Type:	_____		
Receipt #:	_____		

**All permits must be submitted with payment. We do not accept permits via fax or email.  
(Exact cash or check or money order)**

DATE: \_\_\_\_\_

ZONING DISTRICT:

RESIDENTIAL

NON-RESIDENTIAL

**(ONE APPLICATION PER TYPE-CHECK ONE ONLY)**

TYPE: Building \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ Mechanical \_\_\_\_\_ Sprinkler \_\_\_\_\_  
Low Voltage Wiring \_\_\_\_\_ Accessory Structure \_\_\_\_\_ Pod/Temp.Stor.Unit \_\_\_\_\_ Other \_\_\_\_\_ Accessibility \_\_\_\_\_

**Address of Work:** \_\_\_\_\_

Property Owners Information: Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**DESCRIPTION OF WORK:**

Give definite particulars as to work proposed and materials used, including plot plan and building details. Any commercial work requires sealed drawings from a design professional.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COPY OF ESTIMATE/CONTRACTS MUST BE INCLUDED**

Est. Project Cost: \_\_\_\_\_

Date of Commencing: \_\_\_\_\_

**A TOWNSHIP AUTHORIZED INSPECTION SERVICE MUST BE USED FOR ANY AND ALL ELECTRICAL INSPECTIONS. SELECT ONE OF THE SERVICES LISTED BELOW. ELECTRICIAN IS RESPONSIBLE FOR ALL INSPECTION FEES.**

UNITED INSPECTION AGENCY 610-565-0789: \_\_\_\_\_ NICOLAI PROPERTIES 610-842-3807: \_\_\_\_\_  
CODE INSPECTION AGENCY 215-672-9400: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ PA HIC# \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List Sub-Contractors: \_\_\_\_\_ ID# \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ ID# \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
(Contractor Signature/Date)

\_\_\_\_\_  
(Owner Signature/Date)

**Please Complete Reverse Side of Form**

Application for a permit shall be made by the *owner* or lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

The applicant certifies that all information on this application is correct and that the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Township of Ridley. The property owner and applicant assume(s) the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Township of Ridley or any other governing body. Further, the Department of Code Enforcement has the right to conduct a re-evaluation of cost at completion of the project. Construction sites must be kept clean at all times. Overflowing dumpsters and unkempt sites may result in permits being revoked or fines. Signs are only allowed 2 days prior to constructions and 48 hours after completion of work. Refund requests are subject to a **\$50.00** fee.

The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

**I certify that the Building Code Official or the Building Code Official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

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

\_\_\_\_\_  
Print Name Signed Above

E-mail: \_\_\_\_\_

**\*\*\* 24 HOURS IS REQUIRED FOR ALL INSPECTIONS \*\*\***

**Workers Compensation Affidavit**

I, \_\_\_\_\_ do solemnly swear and/or affirm that I will not employ/hire any other person for the project for which I am seeking a permit.

After receipt of said permit, if I employ any other person(s) I must notify the Township of Ridley, Code Enforcement Department and provide proof of workers compensation insurance within three (3) working days.

I understand that failure to comply will result in a stop-work order. Said stop-work order may not be lifted until proper insurance coverage is obtained.

Contractor \_\_\_\_\_

Homeowner \_\_\_\_\_

***This form is required when a contractor has NO workers compensation insurance OR when a homeowner is completing a project on their own.***

**↓ FOR TOWNSHIP USE ONLY ↓**

Project complies with the Zoning Ordinance.

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

Zoning Officer: \_\_\_\_\_

Project complies with PA Act 45 (UCC).

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

Plan Reviewer: \_\_\_\_\_

Plan Reviewer: \_\_\_\_\_

Plan Reviewer: \_\_\_\_\_