



UPPER MACUNGIE TOWNSHIP

New Manufactured Home Permit Submittal Guide

All manufactured housing must conform to the Factory Housing and Building Standards of the Pennsylvania Department of Community and Economic Development

Site built structures, decks and stairs shall conform to the PA UCC including the 2021 International Residential Code.

Please utilize the checklist below before submitting an application:

- ☐ Data plate information for the home with:
 - ☐ Wind Zone
 - ☐ Roof Zone Load
 - ☐ Serial Number
 - ☐ Model Number
 - ☐ Name of DAPIA
 - ☐ Manufacturer Certification Number
- ☐ Manufacturer's Installation manual for each home to match the above listed data:
 - ☐ Pier Design
 - ☐ Anchoring system and location
 - ☐ Tiedown data if applicable
- ☐ Completed Permit Application including:
 - ☐ Electrical connection to the utility with the PPL work Request Number OR other proposed electrical work. Provide all details.
 - ☐ Water connection to utility. Provide all details.
 - ☐ Sewer connection to utility. Provide all details.
 - ☐ Gas or fuel connection. Provide all details.
 - ☐ Deck, stairs or other structure designs comply with 2021 IRC Requirements.

- ☐ Grade of 6" drop in 10 feet with spouts or spout tails as applicable.
- ☐ PA State Qualifications of the Installer.
- ☐ Installer itemized certification of the installation after installation.

**HUD Manufactured Home
Installation Certification
And Verification Report**

**U.S. Department of Housing and Urban Development
Office of Manufactured Housing Programs**

OMB Approval No. 2502-0578
Expires 04/30/2018

The Manufactured Housing Installation Program Regulations 24 CFR Chapter XX Part 3286 Sections 111 and 411 require the licensed installer certify that the manufactured home has been installed and inspected in accordance with the regulations. The Manufactured Housing Installation Program Regulations 24 CFR Chapter XX Part 3286 Subpart F requires a qualified inspector verify that the manufactured home has been installed in accordance with the requirements of Part 3286 and Part 3285. The information collected here will ensure that the licensed installers and qualified inspectors inspect the minimum elements for compliance. The public record burden for the collection of information is estimated to average 3.5 hours per response including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collected information. Response to this information is mandatory. This agency may not collect this information, and you are not required to complete this form, unless the form displays a currently valid OMB control number.

Certification Label Number(s) (include all zeros and agency prefix)	Manufacturer's Serial Number(s) (include all letters and numbers)		
		(Installer Name)	(HUD License No.)
(Homeowner Name) (State)		(Inspector Name)	(State)
(Street Address) (City) (Zip)		(Steer Address)	(Phone)

1. Initial Inspection

Inspection Item	Inspector Verification			Installer Certification		
Site location with respect to home design and construction	☐ Pass	☐ Fail	☐ N/A	☐ Pass	☐ Fail	☐ N/A
Consideration of site specific conditions	☐ Pass	☐ Fail	☐ N/A	☐ Pass	☐ Fail	☐ N/A
24 CFR 3285 Subpart C - Site preparation and grading for drainage	☐ Pass	☐ Fail	☐ N/A	☐ Pass	☐ Fail	☐ N/A
24 CFR 3285 Subpart D - Foundation construction	☐ Pass	☐ Fail	☐ N/A	☐ Pass	☐ Fail	☐ N/A
24 CFR 3285 Subpart E - Anchorage	☐ Pass	☐ Fail	☐ N/A	☐ Pass	☐ Fail	☐ N/A
24 CFR 3285 Subpart F - Optional features (Skirting, etc.)	☐ Pass	☐ Fail	☐ N/A	☐ Pass	☐ Fail	☐ N/A
24 CFR 3285 Subpart G - Completion of ductwork, plumbing, and fuel supply systems	☐ Pass	☐ Fail	☐ N/A	☐ Pass	☐ Fail	☐ N/A
24 CFR 3285 Subpart H - Completion of electrical systems	☐ Pass	☐ Fail	☐ N/A	☐ Pass	☐ Fail	☐ N/A
24 CFR 3285 Subpart I - Exterior and interior close-up	☐ Pass	☐ Fail	☐ N/A	☐ Pass	☐ Fail	☐ N/A
Completion of operational checks and adjustments	☐ Pass	☐ Fail	☐ N/A	☐ Pass	☐ Fail	☐ N/A

2. Reinspection of Home (To be completed and initialed by the inspector)

If the inspector discovers that any item during the Initial Inspection fails to comply with the manufacturer's installation instructions or with an installation design and instructions that have been certified by a professional engineer or registered architect, the installation must be reinspected after the installation is corrected.

Describe the work performed following the initial inspection and if the reinspected item(s) are in compliance. Attach additional sheet(s) if necessary.

3. Inspector Verification

I hereby certify, in accordance with 24 CFR § 3286.507, that the manufactured home identified above has been installed in accordance with an installation design and instructions that have been provided by the manufacturer and approved by the DAPIA or an installation design and instructions that have been prepared and certified by a professional engineer or registered architect that have been approved by the manufacturer and the DAPIA as providing a level of protection for residents of the home that equals or exceeds the protection provided by the federal installation standards in part 3285 of this chapter. It is a crime to knowingly make false statements and/or certifications in any matter within the jurisdiction of the United States such as the certification on this or any similar form. Penalties upon conviction can include a fine and imprisonment. See 18 U.S. Code Section 1001.

Inspector Signature

(Date)

4. Installer Certification

I hereby certify, in accordance with 24 CFR §§ 3286.111 and 3286.411, that the manufactured home identified above has been installed in accordance with an installation design and instructions that have been provided by the manufacturer and approved by the DAPIA or an installation design and instructions that have been prepared and certified by a professional engineer or registered architect that have been approved by the manufacturer and the DAPIA as providing a level of protection for residents of the home that equals or exceeds the protection provided by the federal installation standards in part 3285 of this chapter. It is a crime to knowingly make false statements and/or certifications in any matter within the jurisdiction of the United States such as the certification on this or any similar form. Penalties upon conviction can include a fine and imprisonment. See 18 U.S. Code Section 1001.

Installer Signature

(Date)

Distribution:

Installer
Retailer
Purchaser

Form HUD - 309

THIS MODEL DOCUMENT PROVIDES LANGUAGE THAT MAY BE USED TO REMAIN CONSISTENT WITH THE APPLICABLE MANUFACTURED HOUSING STATUTES AND REGULATIONS.

MANUFACTURED HOUSING COMMISSION MODEL LICENSE/PERMIT BOND

Bond # _____

I/We _____, to be licensed as a manufactured home installer
(Name of Owner, Partner, or Corporate Officer as "Principal")
Manufacturer () Retailer () or Installer (), doing business as _____
(Assumed or Corporate Name)
at _____,
(Street Address or Mailing Address, if Different) (Telephone Number)
and _____ of _____
(Surety Company Name) (Surety Company Address)

a business duly licensed to transact a surety business in the State of _____, does provide this Bond in the aggregate penal sum of an amount that will cover the cost of repairing all damage to the home and its supports caused by the installer during the installation up to and including replacement of the home, but, in no case shall such amount be less than \$ _____ dollars as surety for the purpose of consumer protection and to enable the Principal to obtain or renew an annual license/certification from the U.S. Department of Housing and Urban Development (HUD), Office of Manufactured Housing Programs, as Obligee. This bond shall be open to successive claims up to the face value of the Bond. Provided, however, that the penalty of the bond may not be cumulative from year to year, and the total liability of the surety shall in no event exceed the bond amount regardless of the number of years the bond is in force.

We do hereby jointly, severally bind ourselves, our heirs, legal representatives, successors, and assigns firmly to provide surety to designated consumers as directed by the Administrator of the Office of Manufactured Housing Programs in writing.

WHEREAS, the original Bond shall be provided to the U.S. Department of Housing and Urban Development (HUD), Office of Manufactured Housing Programs by the Principal before a license is issued to the Principal.

WHEREAS, if the Principal and all of its agents and employees shall faithfully and honestly perform all of their obligations in accordance with the laws, rules, and regulations governing manufactured homes (mobile homes) during the period covered by this Bond, this obligation shall be null and void. Otherwise, it shall remain in full force and effect.

NOW, THEREFORE, any consumer/homeowner who owns a manufactured home in a state in which HUD acts as the administrator for the installation program per 24 CFR 3286.5, who sustains loss or damage by reason of any act or omission covered by this Bond may, in addition to any other remedy, bring a claim on this Bond for the recovery of damages sustained by said consumer/homeowner, for an installation that fails to comply with National Manufactured Housing Construction and Safety Standards found in 24 CFR parts 3280 (Manufactured Home Construction and Safety Standards), 3282 (Manufactured Home Procedural and Enforcement Regulations), 3285 (Model Manufactured Home Installation Standards), and 3286 (Manufactured Home Installation Program). Said claim must be brought before said Obligee, who may validate the claim and determine the amount of loss or damage, if any, sustained by the consumer/homeowner. Upon determination of loss or damage, the Obligee may make a claim, to include reasonable administrative costs, against the Bond up to the penal sum of the Bond. It is further provided that upon any demand or claim against the bond the Surety shall give notice to the Administrator of the Office of Manufactured Housing Programs by registered mail of any such demand or claim and of any judgment, recovery, or settlement made prior to the payment thereof. The Surety Company must provide written notice, by certified mail, at least sixty (60) days prior to the cancellation, termination, or change of this Bond to the Administrator, Office of Manufactured Housing Programs, U.S. Department of Housing and Urban Development, 451 7th Street SW, Rm. 9168, Washington DC, 20410. The Obligee may bring a claim against this Bond for any liabilities accrued while the Bond was in force, for up to twelve (12) months after the Bond has been terminated or cancelled.

IN WITNESS WHEREOF, said Principal and Surety have jointly executed this Bond this _____ day of _____, 20____, to be effective on the _____ day of _____, 20____, until _____.
(Expiration Date or Continuous)

(Signature of Surety)

(Printed Name of Surety)

(Title)

(Signature of Principal)

(Printed Name of Principal)

(Title)

SEE BELOW A MODEL FORMAT FOR A RETAILER DISCLOSURE

**Retailer Disclosure to Consumer Before Sale or Lease
[For Manufactured Homes Installed in HUD-Administered States]**

Name of Retailer: _____

Name of Consumer: _____

**THIS DISCLOSURE STATEMENT CONCERNS THE MANUFACTURED HOME
(HEREAFTER DESCRIBED AS "HOME") LOCATED AT:**

ADDRESS: _____ **COUNTY:** _____

CITY/STATE: _____

MANUFACTURER: _____ **YEAR:** _____ **MODEL:** _____

SERIAL NUMBER: _____

HUD CERTIFICATION LABEL(s) #: _____
THE HOME's DATA PLATE INDICATES IT IS DESIGNED FOR THE FOLLOWING ZONES:

WIND ZONE(S): _____

THERMAL ZONE(S): _____

ROOF LOAD ZONE(S): _____

Verification of Site Location

- ☐ The occupancy site is known and I have verified that the wind, thermal, and roof load zones of the home being purchased or leased are appropriate for the site where the purchaser or lessee plans to install the home for occupancy.

OR

- ☐ The occupancy site is unknown and I have informed the purchaser that (1) the home was designed and constructed for specific wind, thermal, and roof load zones and (2) If the home is sited in a different zone, the home may not pass the required installation inspection because the home will have been installed in a manner that would take it out of compliance with the construction and safety standards in 24 CFR 3280.

Verification of Installer License

- ☐ As the retailer/dealer/park owner, I have agreed to provide set up in connection with the sale or lease of the home. Accordingly, I have verified that the installer is licensed in accordance with HUD regulations.

OR

- ☐ As the retailer/dealer/park owner, I have not agreed to provide set up with the sale or lease of the home.

Inspection Requirement

- ☐ The cost of the inspection of the home's installation is included in the sales price of the home. The amount of the installation inspection is \$ _____

OR

- ☐ The cost of the inspection and any re-inspection(s) is not included in the sales price of the home and the purchaser understands that s/he will be charged separately for the inspection and any re-inspection(s) as applicable of the home's installation.

Because the installation of your home is in a state that does not administer its own qualifying installation program, the home will be required to comply with federal requirements, including installation in accordance with federal installation standards set forth in 24 CFR part 3285 and certification by a licensed installer of installation work, regardless of whether the work is performed by the homeowner or anyone else; and the certification must include inspection by an appropriate person.

In addition, the installation of the home may also be required to comply with additional state and local requirements.

Additional information about the requirements in this disclosure is available from the retailer and, in the case of the federal requirements, is available in part 3286 of Title 24 of the Code of Federal Regulations and from the U.S. Department of Housing and Urban Development.

Compliance with any additional federal, state, and local requirements, including a requirement for inspection of the installation of the home, may involve additional costs to the purchaser or lessee.

It is recommended that any home that has been reinstalled after its original installation should be professionally inspected after it is set up, in order to assure that it has not been damaged in transit and is properly installed.

The U.S. Department of Housing and Urban Development (HUD) Manufactured Home Dispute Resolution Program is available to resolve disputes among manufacturers, retailers, or installers concerning defects in manufactured homes. Many states also have a consumer assistance or dispute resolution program. For additional information about these programs, see sections titled "Dispute Resolution Process" and "Additional Information—HUD Manufactured Home Dispute Resolution Program" in the Consumer Manual required to be provided to the purchaser. These programs are not warranty programs and do not replace the manufacturer's, or any other person's, warranty program.

Printed Name of Retailer

Printed Name of Consumer

Signature of Retailer Date

Signature of Consumer Date

Regulation References:

Occupancy Site Disclosure - §3286.603
Verification of Installer License - §3286.603(c)
Inspection Requirement - §3286.503
Retailer Disclosures Before Sale or Lease - §3286.7 (b)
Retailer Notification at Sale – § 3288.5



UPPER MACUNGIE TOWNSHIP

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Provide certificates of insurance for ALL CONTRACTORS listed and PA Contractors License Numbers when applicable. Include PPL Job Number, provide descriptions of work on application and include telephone numbers. Follow **APPLICANT INSTRUCTIONS**.

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete Part 6. If plumbing work, complete Part 7. If mechanical work, complete Part 8. For other permits (Grading Permits), complete Part 9. Attach Site Plans and Project Narratives.

Application Date: / /	Permit Type: ☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Other (See item 9)	Is Owner the Applicant? ☐ Yes ☐ No
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1. PROPERTY INFORMATION

Street Address	Apt. #	Zip Code	PIN Number	Zoning District
Subdivision	Phase	Lot Number	Parcel Type ☐ Residential ☐ Commercial	☐ Industrial ☐ Other

2. OWNER INFORMATION

☐ SAME AS ABOVE

First Name	Last name or Business Name	Phone/Email
Street Address	City	State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	STREET ADDRESS	CITY	STATE	PHONE NUMBER
Applicant (not owner)					
Architect/Engineer					
General Contractor					
Excavation					
Concrete					
Carpentry					
Electrical					
Plumbing					
Sewer					
Mechanical					
Drywall					
Sprinkler					
Paving					
Fire Alarm					
Other					

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the responsible jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the 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 APPLICANT

ADDRESS

PHONE/E-MAIL

RESPONSIBLE PERSON IN CHARGE OF WORK

TITLE

PHONE/E-MAIL

SIGNATURE OF PROPERTY OWNER (IF NOT APPLICANT)

5. BUILDING PERMIT APPLICATION

Application For: ☐ New Building ☐ Addition ☐ Alteration ☐ Repair/Replacement ☐ Demolition ☐ Foundation Only ☐ Accessory Building ☐ Temporary Building ☐ Parking Lot ☐ Grading Only ☐ Electrical ☐ Plumbing ☐ Mechanical	Proposed Use: ☐ One Family ☐ Two Family ☐ Townhome ☐ Multi-Family ☐ Place of Assembly ☐ Business (Office) ☐ Educational ☐ Factory or Industrial ☐ Warehouse/Distribution ☐ Institutional ☐ High Hazard ☐ Mercantile (Store)	Construction Type: Structural Frame: ☐ Steel ☐ Masonry ☐ Concrete ☐ Wood ☐ Other Exterior Walls: ☐ Steel ☐ Masonry ☐ Concrete ☐ Wood ☐ Other	Structure Information: Int. Floorspace _____ sq. ft. No. of Units _____ # of Bedrooms _____ # of Stories _____ Building Height _____ ft Gross Area * _____ sq. ft. * Include basement, garage, porch and decks (1st and 2nd floor) Lot Sq. Ft. _____ sq. ft. Bldg Sq. Ft. _____ sq. ft. % Bldg Coverage _____ sq. ft. Est. Start Date _____ Est. Finish Date _____ Construction Cost \$ _____ PA ONE CALL # _____ Date _____
Detailed Description of Proposed Work: _____ _____ _____			

6. ELECTRICAL PERMIT APPLICATION

Electrical Work ☐ Yes ☐ No				Total Service: _____ amps.			
# of Circuits: _____ 2 wire _____ 3 wire _____ 4 wire				Number of Service Outlets: _____ 120 V			
PPL # _____				_____ 240 V			

	Power Devices	No.	Output/Load		Power Devices	No.	Output/Load
1				7			
2				8			
3				9			
4				10			
5							
6				Total Number of Motors			

Utility Service Revisions: _____ _____			
Est. Start _____		Est. Finish _____	
_____		Electrical Work Est. Value \$ _____	

7. PLUMBING PERMIT APPLICATION

Plumbing Work ☐ Yes ☐ No							
Enter the Number of Fixture Being Installed, Replaced or Repaired							
Tubs/Showers		Laundry Tubs		Sump Pumps		Inside Downspouts	
Shower Stalls		Dishwashers		Grease Traps		Swimming Pools	
Lavatories		Garbage Disposals		Bidets		Standpipes	No. of Outlets
Toilets		Drinking Fountains		Back Flow Preventers		Fire Sprinklers	No. of Heads
Urinals		Floor Drains		Water Pumps		Lawn Sprinklers	No. of Heads
Sinks		Water Softeners		Roof Openings			
Water Heaters		Sewage Ejectors		Parking Lot Drains			
						Total Fixtures:	
Public Water (Y/N)		Public Sewer (Y/N):		Water Service Size (in.):		Water Meter Size (GPD):	
Utility Service Revisions: _____ _____							
Est. Start _____		Est. Finish _____		Plumbing Work Est. Value \$ _____			

8. MECHANICAL PERMIT APPLICATION

Mechanical Work ☐ Yes ☐ No		Total Service: _____ amps.	
Enter the Number of New or Replacement Units			
Forced Air Furnace		Incinerator	
Unit Heater		Boiler/Water Heater	
Gas/Oil Conversion		Coil Unit	
Space Heater		Window A/C Unit	
Gravity Furnace		Split System A/C	
Solid Fuel Appliance		A/C Compressor	
Air Handling Unit			
Heat Pump			
Air Cleaner			
Kitchen Exhaust Hood			
Hazardous Exhaust System			
Electric Furnace			
Type of Heating Fuel (check one)			
☐ Gas ☐ Oil ☐ Electric ☐ Coal ☐ Wood ☐ Other _____			
Utility Service Revisions: _____			
Est. Start _____		Est. Finish _____	
		Mechanical Work	
		Est. Value \$ _____	

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type: _____		
Description of Work: _____		
Est. Start _____	Est. Finish _____	Est. Value \$ _____

10. FEES AND APPROVALS

Approval:	REVIEWER	N/A	DENIAL	DATE	Fees:
☐ PLANNING	_____	☐	☐	_____	☐ Building Permit \$ _____
☐ ZONING	_____	☐	☐	_____	☐ Electrical Permit \$ _____
☐ BUILDING	_____	☐	☐	_____	☐ Plumbing Permit \$ _____
☐ ELECTRIC	_____	☐	☐	_____	☐ Mechanical Permit \$ _____
☐ PLUMBING	_____	☐	☐	_____	☐ Plan Review \$ _____
☐ MECHANICAL	_____	☐	☐	_____	☐ Administration (25%) \$ _____
☐ FIRE	_____	☐	☐	_____	☐ Re-Review Fee \$ _____
					☐ Re-Review Admin Fee \$ _____
☐ Sewer Allocation Fee:	\$ _____	-			☐ PA Act 157 Fee \$ _____ 4.50
☐ Sewer Tapping Fee:	\$ _____	-			☐ Other \$ _____
☐ Other:	\$ _____	-			Total \$ _____
	\$ _____	-			

Approval Conditions:	U.C.CONSTRUCTION TYPE: _____	USE CLASSIFICATION: _____	OCCUPANT LOAD: _____

PERMIT ISSUED BY: _____	TITLE: _____	DATE: _____
If not picked up by the Applicant, Building Permit expires one-hundred and eighty (180) days after approval.		



UPPER MACUNGIE TOWNSHIP

8330 Schantz Road
Breinigsville, PA 18031

p 610.395.4892
f 610.395.9355

UpperMac.org

**** Important Notice to Property Owners ****

The following items contain important information which you can use to protect your property and wallet!

1. Permits and inspections are required for all work completed under the Pennsylvania Uniform Construction Code (UCC) & Township Ordinance. This includes all structural, electrical, plumbing, HVAC and other work. Inspections by our UCC certified inspectors are needed to ensure work being conducted on your property is safe and up to the minimum state & local standards.
2. All work completed on a property is the ultimate legal responsibility of the property owner. Projects completed without permits & inspections, or without permits properly being closed out, can lead to enforcement & violation actions being taken against the property owner.
3. The Township recommends that you withhold final payment for the work completed on your property until you verify that a Certificate of Completion has been issued.
4. Township staff is here to help! Please contact us directly with any questions or concerns about the permit process.

By signing below, you acknowledge reading this document and that you are giving permission for your contractor to submit permit applications on your behalf (if applicable):

Signature

Date

Address: _____

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

INSURANCE COVERAGE REQUIRED:

All Contractors performing work in Upper Macungie Township must have proof of insurance to include general liability and workers' compensation coverage.

If your policy does not include workers' compensation coverage, we will need the township's waiver form completed and notarized, the form can be notarized at Upper Macungie Township. You will need a valid form of Identification (such as driver's license). This form can be found in the licensing link on the website. This form should be included with your general liability certificate.

Upper Macungie Township must be listed as certificate holder.

Please forward a copy of your certificate to:

Upper Macungie Township

8330 Schantz Road

Breinigsville, PA 18031

Fax to 610-395-9355

Email: Tantonelli@uppermac.org or Sharons@uppermac.org

If you have any questions, please contact me at 610-395-4892 Extension 125.

Thank you,

Upper Macungie Township

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

WORKERS' COMPENSATION INSURANCE COVERAGE CONTRACTORS IN ACCORDANCE WITH PA WORKERS' COMPENSATION REFORM ACT 44

Exemption:

Complete if the Applicant is a contractor claiming exemption from providing Worker 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 prohibited by law from employing any individual to perform work pursuant to this building permit unless Contractor provides proof of insurance to Upper Macungie Township.
- **Religious Exemption** under the Workers' Compensation Law.

Print Company Name

Subscribed and sworn before me this
__ day of _____ 20 _____

Print Applicant Name

Signature of Notary Public

My Commission Expires: _____

Address

(Seal)

City/State/Zip Code

County/Municipality

Signature of Applicant

UPPER MACUNGIE TOWNSHIP
8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

To: All Electricians/ Plumbers

Re: Township Licensing

Upper Macungie Township requires all Electricians and Plumbers to have a license to engage in work in the Township. The fee due is **\$60 (Sixty Dollars)** and the license expires on **December 31st of the license year.**

Please complete the application and return to the above address with legible copies of the following:

1. Photo Identification (such as a driver's license)
 2. Current Electrical or Plumbing license from another jurisdiction
 3. Cash, check or money order for \$60 payable to Upper Macungie Township
 4. Certificate of Insurance showing General Liability and Workers' Compensation coverage listing Upper Macungie Township as Certificate Holder or Certificate of Insurance and a notarized, original Workers' Compensation coverage exemption form / waiver for the license file only
- ***For Annual License Renewals - Please complete the Application and remit with payment and Certificate of Insurance***
 - **Certificates of Insurance and exemption forms / waivers must be included with each application for permits.**

Thank you,

Permit Department

UPPER MACUNGIE TOWNSHIP
8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

I hereby apply for a License to perform work in Upper Macungie Township

Check One: ☐ ELECTRICIAN ☐ PLUMBER

EQUIPPED TO PERFORM SEWER LATERAL INSPECTION – Circle One- Yes or No

Contractor Name: _____

Company Name: _____

Company Address: _____
STREET ADDRESS

CITY

STATE

ZIP CODE

Company Phone: _____ Company Fax: _____

Email for Contact Person: _____

Contractor Signature: _____ Cell Phone: _____

Please have the following documents with you when you **apply** in person or mail legible copies to Upper Macungie Township

- Valid Driver's License or Photo ID
- A current Electrical or Plumber's License
- Certificate of Insurance showing General Liability and Workers' Compensation (with Upper Macungie Township listed as the Certificate Holder)
- OR
- General Liability Coverage and notarized Workers' Compensation Coverage Exemption Form
- Check or money order made payable to "Upper Macungie Township" in the amount of \$60
- **For Annual License Renewals - Please complete the Application and remit with payment and Certificate of Insurance**

IMPORTANT!

Please be sure to address all correspondence - Attention: LICENSING

FOR OFFICE USE ONLY

☐ Paid Date _____ ☐ Cash ☐ Check# _____ Date Issued: _____

UPPER MACUNGIE TOWNSHIP
8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

**WORKERS' COMPENSATION INSURANCE COVERAGE CONTRACTORS IN
ACCORDANCE WITH PA WORKERS' COMPENSATION REFORM ACT 44**

Exemption:

Complete if the Applicant is a contractor claiming exemption from providing Worker 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 prohibited by law from employing any individual to perform work pursuant to this building permit unless Contractor provides proof of insurance to Upper Macungie Township.

☐ **Religious Exemption** under the Workers' Compensation Law.

Print Company Name

Subscribed and sworn before me this _____ day of _____ **20**__

Print Applicant Name

Signature of Notary Public

My Commission Expires: _____

Address

(SEAL)

City, State, Zip Code

County / Municipality

Signature of Applicant