

**HEIDELBERG TOWNSHIP  
COMPLAINT FORM**

NAME:\*\*\* \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE SUBMITTED TO HEIDELBERG TOWNSHIP: \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTION TAKEN BY \_\_\_\_\_

**\*\*\*PLEASE NOTE: ANONYMOUS COMPLAINTS WILL NOT BE ADDRESSED**

Return form to: Heidelberg Township  
PO Box 241  
Robesonia, PA 19551

Non UCC \_\_\_\_\_

**Mechanical** \_\_\_\_\_ **Plumbing** \_\_\_\_\_ **Electrical** \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Describe Proposed Work in Detail: \_\_\_\_\_

**MECHANICAL / PLUMBING PERMIT**

Contractor _____ (if owner put same as above)		Technical Site Data					
No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.		
_____	_____	Water Closet	_____	_____	Boiler / Furnace	_____	
_____	_____	Urinal / Bidet	_____	_____	Sewer Lat/Conn	_____	
_____	_____	Bath tub	_____	_____	Backflow Prev.	_____	
_____	_____	Lavatory	_____	_____	HVAC	_____	
_____	_____	Shower	_____	_____	Kitchen Hood &	_____	
_____	_____	Sink	_____	_____	Exhaust System	_____	
_____	_____	Dishwasher	_____	_____	Refrig. Units	_____	
_____	_____	Washing Mach.	_____	_____	Heat Pumps	_____	
_____	_____	Hose Bib	_____	_____	Fire Dampers	_____	
_____	_____	Water Heater	_____	_____	Water Connect.	_____	

Federal Employee # \_\_\_\_\_  
[Certification of Insurance for Workers Compensation needed or sign exemption form]

State Classification:  
New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_  
New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_

Estimate Total Costs For All Work \_\_\_\_\_ Others: \_\_\_\_\_

**ELECTRICAL PERMIT**

Contractor _____ (if owner put same as above)		Utility #: _____ Technical Site Data					
No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.		
_____	_____	Lighting Fixture	_____	_____	Range	_____	
_____	_____	Receptacles	_____	_____	Dishwasher	_____	
_____	_____	Switches	_____	_____	Garbage Disp.	_____	
_____	_____	Detectors	_____	_____	HVAC	_____	
_____	_____	Motor-Fraction.	_____	_____	Emergency &	_____	
_____	_____	Comm. Devices	_____	_____	Exit Lights	_____	
_____	_____	Alarm Dev./Sys.	_____	_____	Heater	_____	
_____	_____	Pool Bonding	_____	_____	Central AC Unit	_____	
_____	_____	Service	_____	_____	Signs	_____	
_____	_____	Sub-Panels	_____	_____	Survey Fee	_____	

Federal Employee # \_\_\_\_\_  
[Certification of Insurance for Workers Compensation needed or sign exemption form]

State Classification:  
New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_  
New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_

Estimate Total Costs For All Work \_\_\_\_\_ Others: \_\_\_\_\_

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**CODE OFFICIAL USE ONLY**

	Mechanical	Plumbing	Electrical
UCC Fee	_____	_____	_____
Plan Review Fee:	_____	_____	_____
Admin Fee:	_____	_____	_____
State Fee:	_____	_____	_____
Total Cost:	_____	_____	_____
Non UCC Fee:	_____	_____	_____

- Plans Approved
- Plans Approved with Comments

Code Official: \_\_\_\_\_  
State Cert. #: \_\_\_\_\_  
Date: \_\_\_\_\_

Non UCC \_\_\_\_\_

**Building Permit** \_\_\_\_\_ **Fire Protection Permit** \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Describe Proposed Work in Detail: \_\_\_\_\_  
\_\_\_\_\_

**BUILDING PERMIT**

Contractor \_\_\_\_\_  
(if owner put same as above)

Address \_\_\_\_\_ # of Stories \_\_\_\_\_ Height of Structure \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Total SQ FT \_\_\_\_\_ Use Group \_\_\_\_\_ Type Const. \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Description of Work: \_\_\_\_\_

Federal Employee # \_\_\_\_\_  
[Certification of Insurance for Workers Compensation needed or sign exemption form]

State Classification: \_\_\_\_\_ Other: \_\_\_\_\_

New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ Estimate Total Costs For All Work \_\_\_\_\_

**FIRE PROTECTION PERMIT**

Contractor \_\_\_\_\_  
(if owner put same as above)

Address \_\_\_\_\_ Sprinkler System: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Alarm System: \_\_\_\_\_

Federal Employee # \_\_\_\_\_  
[Certification of Insurance for Workers Compensation needed or sign exemption form]

State Classification: \_\_\_\_\_ Commercial Cooking Equip.: \_\_\_\_\_

New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_ Other: \_\_\_\_\_

New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ Estimate Total Costs For All Work \_\_\_\_\_

**I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.**

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**CODE OFFICIAL USE ONLY**

UCC Building Fee: \_\_\_\_\_

Code Official: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

FP Fee: \_\_\_\_\_

Admin Fee: \_\_\_\_\_

State Cert. #: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

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

Issue Date \_\_\_\_\_  
Tax Parcel No. \_\_\_\_\_  
Permit Fee \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Zoning District \_\_\_\_\_  
Permit No. \_\_\_\_\_

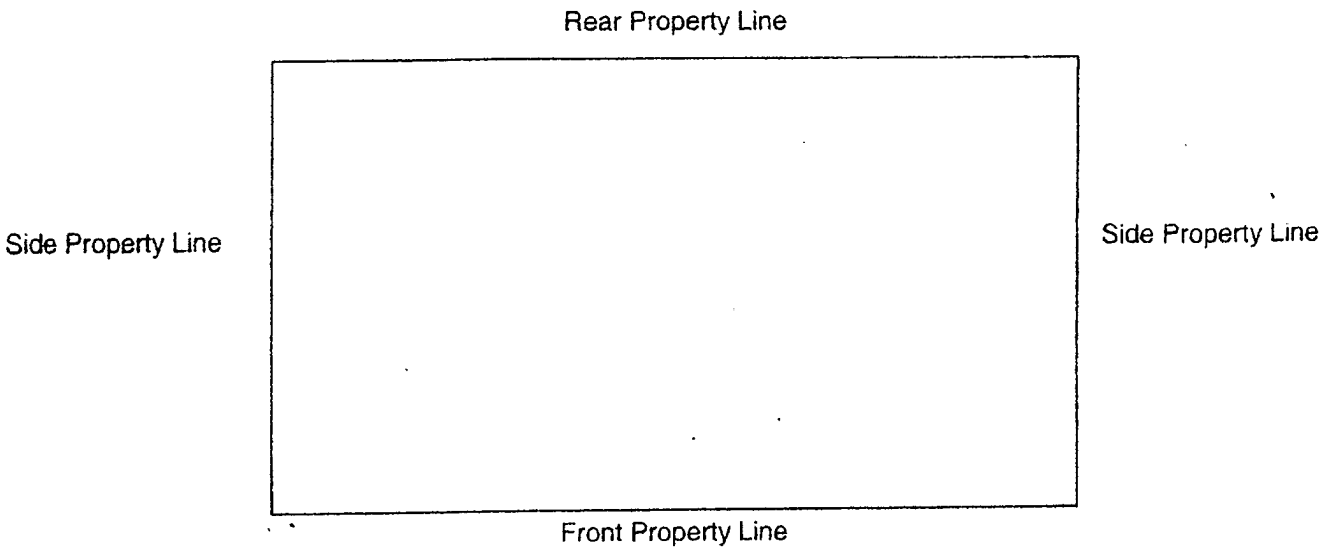
Date Stamp \_\_\_\_\_

ZONING PERMIT APPLICATION FACT SHEET  
**Residential Accessory Building / Storage Shed**  
(for all structures under 1000 sq.ft. only)

Municipality \_\_\_\_\_  
Name \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot No. \_\_\_\_\_  
Lot Size \_\_\_\_\_

Contractor \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Cell No. \_\_\_\_\_  
Estimated Cost \_\_\_\_\_

I. Complete the diagram. Show all dimensions from property lines and easements for all existing structures – house, garage, and proposed building location. Use additional sheet if required. **Sheds cannot be placed in any easements.**



NOTE: If applicable, you must show location of on-lot septic system

II. Dimensions:

1. Building Size: Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_  
Sq. Ft.: \_\_\_\_\_ ft. No. of stories: \_\_\_\_\_

III. Shed Type: Prefabricated  Built on-site  Pole-building   
Will be placed: Concrete Block  Gravel Bed  Concrete Slab  6x6 ties w/stone  Concrete Foundation

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Code Enforcement/Zoning Officer

\_\_\_\_\_  
Date

INSPECTION APPROVED  INSPECTION DISAPPROVED INSPECTION DATE \_\_\_\_\_



**Western Berks EMS**  
*Continuing to make a difference*



Emergencies – Dial 9-1-1

Wheelchair or Non-Emergency Transportation – 610-678-1545, Option 1

Information and Billing Questions – 610-678-1545, Option 2

**Did you know** we not only respond to emergency calls, but we also offer medically-necessary Inter-facility and Long Distance Transports?

**Wheelchair Van Transports** – In our wheelchair vans, we can transport patients to doctor appointments, dialysis appointments, etc. when it isn't medically necessary to go by ambulance.

Another value-added service is PUC Transport. This means we provide wheelchair transports for any reason other than medical, i.e. transport to a family's home for dinner, to a wedding, etc.

Plus we provide door-to-door service, not just curb-to-curb like other transport services.

**(Wheelchair and PUC transports are not covered under the membership program and insurance will typically not pay for it. Call our Billing office for rates.)**

**We are just a phone call away for your non-emergency transport needs.**

**Just call 610-678-1545, Option 1 to make arrangements.**

**REMINDER! If you are a member of Western Berks Ambulance...**

If you utilize our emergency services, we bill your insurance. Some insurance companies will send you the payment. You must sign the check and send it to Western Berks Ambulance so we can credit your account as paid in full, even if the insurance company has not paid the entire amount. There will be no balance billing.

If you have any questions about your membership, please call our  
Billing Department at 610-678-1545, Option 2.

**We are proud to serve over 120 square miles of Berks County and over 70,000 residents.**

**It's not too late to join for 2013! Just call our Billing Office at the  
above number and we'll send you a packet.**

**Watch for our 2014 membership mailing later this year!**