



WEST BRADFORD TOWNSHIP
1385 CAMPUS DRIVE
DOWNINGTOWN, PA 19335
 Phone (610) 269-4174
 Fax (610) 269-3016

Permit #
2005.1

APPLICATION FOR BUILDING PERMIT (DECKS)

APPLICATION INSTRUCTIONS: All applicants complete Parts 1,2,3,4,5 of this form. If plumbing work, complete Parts 6 & 7 If mechanical work, complete Parts 8 & 9. If electrical work, complete Parts 10 & 11. For all other permits, explain work on Part 12. Attach approved Zoning Permit, Building Construction Plans, and documentation as required.

Is owner the applicant? Yes No

1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number 50-	Zoning District
Subdivision		Lot Number	Parcel Use <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Vacant <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/> Institutional	

2. OWNER INFORMATION

Last Name	First Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	

3. CONTRACTOR INFORMATION

Last Name	First Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	

4. BUILDING PERMIT APPLICATION

Improvement Type: <input type="checkbox"/> Relocation <input type="checkbox"/> New Construction <input type="checkbox"/> Foundation Only <input type="checkbox"/> Demolition <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Addition <input type="checkbox"/> Change of Use Only	Proposed Uses: <input type="checkbox"/> Business <input type="checkbox"/> Garage <input type="checkbox"/> Institutional <input type="checkbox"/> Storage <input type="checkbox"/> Assembly <input type="checkbox"/> Educational <input type="checkbox"/> Factory <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Other
Height Above Grade (feet)	Garages (dimensions)
Elevators/Escalators (number)	Fireplaces (number)
Stories (number)	Deck (dimensions)
Bedrooms (number)	Pool (dimensions)
Full Baths (number)	Building Estimated Value \$
Partial Baths (number)	Other

5. CERTIFICATON

I hereby certify that I am the owner 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 authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit per PA UCC Act 45 of 1999.

Signature of Applicant _____ Address _____ Contact # _____

Print Name _____

DEPARTMENT APPROVALS	Fee
Plan Examiner _____ Date _____	
Building Official _____ Date _____	

6. PLUMBING CONTRACTOR INFORMATION

Last Name	First Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	

7. PLUMBING PERMIT APPLICATION

Enter the number of fixtures being installed, replaced or repaired:					
Tubs/showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Sewers	
Toilets		Water Softeners		Gas Piping	
Urinals		Sewage Ejectors		Laundry Tubs	
Sinks		Dishwashers		Sump Pumps	
Bidets		Grease Traps		Lawn Sprinklers (Y/N) (Number of heads)	
Public Water (Y/N)		Public Sewer (Y/N)		Total # of fixtures	
Water Service Size in.		Water Meter Size in.		Avg. Daily Water Use GPD	
Utility Service Revisions:					
Est. Start Date		Est. Finish Date		Plumbing Work Est. Value\$	

8. MECHANICAL CONTRACTOR INFORMATION

Last Name	First Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	

9. MECHANICAL PERMIT APPLICATION

Enter the number of new or replacement units					
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Wall HVAC Unit		Hazardous Exhaust System	
Gravity Furnace		Split System A/C		Electric Furnace	
Solid Fuel Appliance		A/C Compressor		Hydronic System	
Utility Service Revisions:					
Type of Heating Fuel: (check one) <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other					
Est. Start Date		Est. Finish Date		Mechanical Work Est. Value\$	

10. ELECTRICAL CONTRACTOR INFORMATION

Last Name	First Name	Phone
Street	City, State, Zip	
Cell Phone	Fax Number	

11. ELECTRICAL PERMIT APPLICATION

Type of Work	#	Type of Work	#
Switching Outlets		Bonding, Pool/Vault	
Lighting Outlets		Service Feeders	
Receptacle Outlets		HVAC	
Range/Oven		Switching Devices	
Dryer, Electric		Transformers	
Water Heater, Electric		Smoke Detectors	
Heating, Electric		Electrical Work Estimate Value\$	
Service Equipment			

12. ADDITIONAL INFORMATION REQUIRED POOLS/SPAS/DECKS Notes:

Building Plan (attach additional sheets): Township Use Only

OTHER DEPARTMENT APPROVALS

Signature	Date	Approved
Fire Marshall		
PA DEP		
Planning Commission		
Chester Co. Dept. of Health		
PA DOT/Highway Occupancy		
Township Engineer		
Zoning Official		

**TOWNSHIP OF WEST BRADFORD
ADDENDUM TO BUILDING PERMIT**

Building Permit # _____

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Applicant's Federal or State Employer Identification Number (EIN) _____

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a Certificate of Insurance or Self Insurance has been submitted, please complete the following:

Name of Insurer or Self Insurer _____

Address _____

City _____ State _____ Zip Code _____

Contractor/Policy Holder's Federal or State Employer Identification Number (EIN)

1. This policy provides coverage for the requirements of the Worker's Compensation Act, the Occupational Disease Act, and where applicable, the Federal Longshore and Harbor Workers' Compensation Act.
 2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate Holder.
 3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
 4. The contractor/policy holder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
 5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policy holder to a Stop-Work Order and other fines and penalties as provided by law.
- III. If an exemption is being claimed and you are the property owner, please check the block below and sign the back of this form where it asks for signature.

Applicant is the individual who owns the property.

IV. If an exemption is being claimed, please complete the following and sign in the presence of a notary public.

Basis for exemption (check one);

Contractor/Applicant is a sole proprietorship without employees.

Contractor/applicant is a corporation and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please explain:

All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain:

Other. Please explain:

Any subcontractors used on this project will be required to carry their own workers compensation coverage.

The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.

Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a Stop Work Order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of the 18 PA C.S.A. ss 4904 relating to unsworn falsifications to authorities.

Signature

Title

Name (please print)

Name of Company

Date

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

Subscribed before me this _____ day of _____ 20_____.

Notary Public

Date Commission Expires

SEAL



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APPLICATION FOR ZONING

Use for any structures including buildings, additions, pools, pool barriers, spas, patios, driveways, tents, sheds (under 500 sq/ft) and decks less than 30 inches in. from grade.

OBTAIN ZONING PERMIT PRIOR TO BUILDING PERMIT

PROPERTY INFORMATION:

Name: _____ Phone: _____
 Address: _____ Cell Phone: _____

CONTRACTOR INFORMATION:

Name: _____ Phone: _____
 Business Name: _____ Phone: _____
 Address: _____ Phone: _____
 _____ FAX #: _____

Permit Type	Height	Dimensions L x W	Material Type
Dwellings			
Commercial Buildings			
Retaining wall under 4 ft			
Shed under 500 sq/ft			
Patio			
Paving/Driveways			
Decks under 30 in			
Other:			

ESTIMATED COST:

Describe work to be completed: _____

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 applications their authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Zoning Officer shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions for the code(s) applicable to such permit.

Signature of Applicant _____ Address _____ Contact # _____

Print Name _____

DEPARTMENT APPROVALS Zoning Official _____	Fee _____
Date _____	

PLEASE INCLUDE TWO SITE PLANS



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WEST BRADFORD TOWNSHIP LIABILITY STATEMENT

TO BE COMPLETED BY OWNER OR AN AUTHORIZED AGENT

Owner or authorized agent of property at:

Permit # _____

Property Address

Phone Number

The issuance of this permit is conditioned upon compliance with all facets of the approved permit application and/or the subdivision plan from which this lot was created, to include, but not be limited to, soil erosion controls, stormwater management, grading plan, monument placing and all other details of the subdivision approval.

If, upon inspection, work is being done other than as approved, a Stop Work Order will be issued with the condition that corrections be made before any work is resumed.

If it is necessary to make a change, the proposed change shall be detailed by the applicant and submitted in writing. A written approval must be received prior to proceeding, as requested. Failure to procure written change approval will result in an obligation to construct as originally approved.

When inspection for a Use and Occupancy Permit is made and it is noted that the provisions of the permit issuance and/or subdivision approval have not been accomplished, a Use and Occupancy Permit will NOT be issued.

Print Name

Print Name

Sign Name

Sign Name

Date

Date

THIS PAGE MUST BE COMPLETED & RETURNED WITH YOUR APPLICATION

TOWNSHIP OF WEST BRADFORD DECK AND SHED PERMIT APPLICATION
REQUIREMENTS

THE FOLLOWING INFORMATION MUST BE SUBMITTED WHEN APPLYING FOR A DECK PERMIT

I. Site Plan; two copies indicating the following information:

- A. Lot size with metes and bounds and north arrow.
- B. Size and location of proposed structure.
- C. Setback lines, right-of-ways and any easements.
- D. Distances to other structures.

II. Construction details; two copies indicating the following information:

A. Top Views

- 1. Footing size, locations and spacing.
- 2. Post size and locations.
- 3. Method of attachment to other structures.
- 4. Size, span and location of any beams.
- 5. Size, spacing, direction and spans of floor joists and bridging.
- 6. Size, type and direction of decking.
- 7. Exterior dimensions.
- 8. Type, grade and species of lumber.
- 9. Location of any stairs.

B. Side and front elevations indicating the following information:

- 1. Footing size, locations and spacing
- 2. Post size, locations and spacing.
- 3. Beam size and locations.
- 4. Method of attachment to existing structures.
- 5. Dimensions from grade to deck floor.
- 6. Guardrail details.
- 7. Stair locations and details.
- 8. Any cantilevers or overhangs.
- 9. Wind or diagonal bracing (will be reviewed on an individual basis).

(There are samples attached for your information. If you have any questions, please call.)

**TOWNSHIP OF WEST BRADFORD DESIGN STANDARDS FOR WOOD DECKS, BALCONIES,
PORCHES, LANDINGS AND STAIRS**

**EXTERIOR DECKS, PORCHES,
BALCONIES & LANDINGS**

60 lbs Per sq. ft. L. load
10 lbs Per sq. ft. D. load
70 lbs Per sq. ft. Total load

HANDRAILS & GUARDRAILS

200 lbs Concentrated load at any point in any direction.
Guardrail in fill components – 50 lbs Per sq. ft.
STAIRS – 40 lbs Per sq. ft.

LUMBER -

All wood shall be pressure treated or naturally resistant heartwood of redwood, black walnut, black locust or cedar. All cuts, notches or bored holes shall be retreated in accordance with the manufacturer. Fasteners shall be of hot-dipped galvanized or stainless steel, silicon bronze or copper metal.

MAXIMUM CANTILEVER OF JOISTS AND BEAMS – 2' (24")

Decks with cantilevered framing members, connections to exterior walls or other framing members shall be designed and constructed to resist uplift resulting from the full live load specified in the code acting on the cantilevered portion of the deck. Where decks are attached to primary structures the attachment shall be visible for inspection or the deck shall be self-supporting.

FOOTINGS -

All footings shall extend a minimum of 36" below grade level and shall bear on undisturbed soil or prepared fill approved by a geo-technical engineer. The sides and bottoms of all footings shall be smooth and straight. The size of the footings shall be determined by the size of the deck but in NO case shall the footings be less than 12" in diameter. ALL footings shall be a minimum of 8" thickness.

Whenever the product of the deck width times the clear span between posts exceeds 66 and is less than 105, footings shall be minimum 15" in diameter when more than two posts are required.

Whenever there are more than two posts required, the minimum size of the circular concrete footings shall be 18" whenever the product of the deck width times the clear span between posts exceeds 105 and is less than 150.

When the product of the deck width times the clear span between posts exceeds 150 or a roof, walls, hot tub or spa are constructed on the deck, the services of a professional engineer or registered architect shall be obtained to design the structure. A seal and signature are required on the plans.

GUARDRAILS -

Deck, porches, balconies and landings greater than 30" above grade or floor level shall be protected at the open sides with guardrails not less than 36" in height with ornamental spindles spaced so that a 4" object cannot pass through.

Guardrails at the open sides of stairs shall be not less than 34" in height measured from the leading edge of the treads. The maximum permitted opening in the guardrail shall be less than 4 3/8" except where the triangle is formed by the bottom of the guardrail and the stair riser and tread which shall not permit the passage of a 6" object.

HANDRAILS -

Handrails shall have either a circular cross section with a diameter of 1 1/4" to 2 5/8", or a noncircular cross section with a perimeter dimension of at least 4" but not more than 6 1/4" and a largest cross-section dimension not exceeding 2 1/4". Edges shall have a minimum radius of 1/8". Handrails are required when 4 or more risers 34" – 38" in height. SEE CODE TEXT FOR TYPE II HANDRAILS.

LANDINGS -

Landings shall be a minimum of 3'x3' and not more than 8-1/4" below the threshold at the exterior of doors. Refer to Code Text.

SUPPORT POSTS -

When deck is greater than 4'-0" above grade level, 6"x6" posts are required.

STAIRS -

Minimum 36" clear width with maximum 8 1/4" risers and minimum 9" treads. Open risers are permitted provided opening is less than 4". A minimum 1" to maximum 1-1/4" nosing is required on all stairs having closed risers.

THIS IS A SUMMARY ONLY – REFER TO UNIFORM CONSTRUCTION CODE FOR COMPLETE DESIGN CRITERIA.