

**WEST BRADFORD TOWNSHIP****1385 CAMPUS DRIVE****DOWNINGTOWN, PA 19335**

Phone (610) 269-4174

Fax (610) 269-3016

Permit #

2005.2

APPLICATION FOR BUILDING PERMIT (DEMOLITION)**IS PROPERTY IN MARSHALLTON? Yes No**

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. DEMOLITION PERMIT APPLICATION

| | | | | |
|--|--|---|--|---|
| Improvement Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Addition | <input type="checkbox"/> Relocation <input type="checkbox"/> Alteration <input type="checkbox"/> Foundation Only <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Change of Use Only | Proposed Uses: <input type="checkbox"/> Assembly <input type="checkbox"/> Factory <input type="checkbox"/> Residential | <input type="checkbox"/> Business <input type="checkbox"/> Institutional <input type="checkbox"/> Storage <input type="checkbox"/> Educational <input type="checkbox"/> Mercantile | <input type="checkbox"/> Garage <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) | | Estimated Value of Demolition \$ | | |
| 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 _____ | |

**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

SEAL

Date Commission Expires



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1385 CAMPUS DRIVE

DOWNINGTOWN, PA 19335

Phone 610-269-4174 Fax 610-269-3016

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
REQUIRED INSPECTIONS DURING THE STAGES OF DEMOLITION**

The issuance of the Demolition Permit requires you to comply with all provisions set forth in the International Building Code and Fire Code pertaining to both demolition and demolition inspections. Listed below are the stages when the West Bradford Township Code Administrator must be notified. Inspections must be scheduled 24 hours in advance, unless otherwise specified in the Inspection Instructions, and before proceeding to the next stage.

1. SITE INSPECTION PRIOR TO START OF DEMOLITION (UTILITY DISCONNECT)
2. SITE INSPECTION PRIOR TO BACKFILLING EXCAVATION - ALL DEBRIS AND CONCRETE FLOORS TO BE REMOVED.
3. FINAL INSPECTION - UPON COMPLETION OF GRADING, SEEDING, MULCHING.

Any deviation from the approved plans must be approved by West Bradford Township before proceeding with the work.

I have received a copy of the required inspection instructions and I am fully aware of the requirements.

West Bradford Township
Code Administrator

Applicant's Signature

Date

Building Permit# _____