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

Permit #

2005.1

Parcel #

APPLICATION FOR ZONING (Retaining Walls)

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			
Decks over 30 in			
Chicken Coop			
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 application as 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** _____ Date	**Fee**

PLEASE INCLUDE TWO SITE PLANS

HOME OWNERS ASSOCIATION ARCHITECTURAL APPROVAL (PLEASE CHECK ONE):

- ○ This property is not in a community governed by an HOA.
- ○ This property is in a community governed by an HOA, however this project does not fall within HOA jurisdiction.
- ○ This property is in a community governed by an HOA and I acknowledge that I will obtain necessary approvals prior to commencement of construction.

_____
Applicant's Name

_____
Signature of Applicant

_____
Date signed

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

2005.0

TOWNSHIP OF WEST BRADFORD

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

WEST BRADFORD TOWNSHIP

"Between the Brandywines"

For use if structural review is required

ESCROW STATEMENT

The Applicant hereby agrees to post a **five hundred ($500.00)** escrow with West Bradford Township ("Township"), so to reimburse the Township for all expenses associated with engineering, legal and all other Township-provided services at the below-noted property/project.

The Applicant further agrees to replenish the escrow to the amount originally posted, upon the balance of the escrow falling below **two hundred dollars ($200.00)** and within ten (10) days of the date of written notification from the Township requesting same.

The Township may cease all reviews, and may discontinue the provision of any Township-provided service, until such time as an escrow account is properly funded per the above.

APPLICANT: _____

PROJECT: _____

ADDRESS: _____

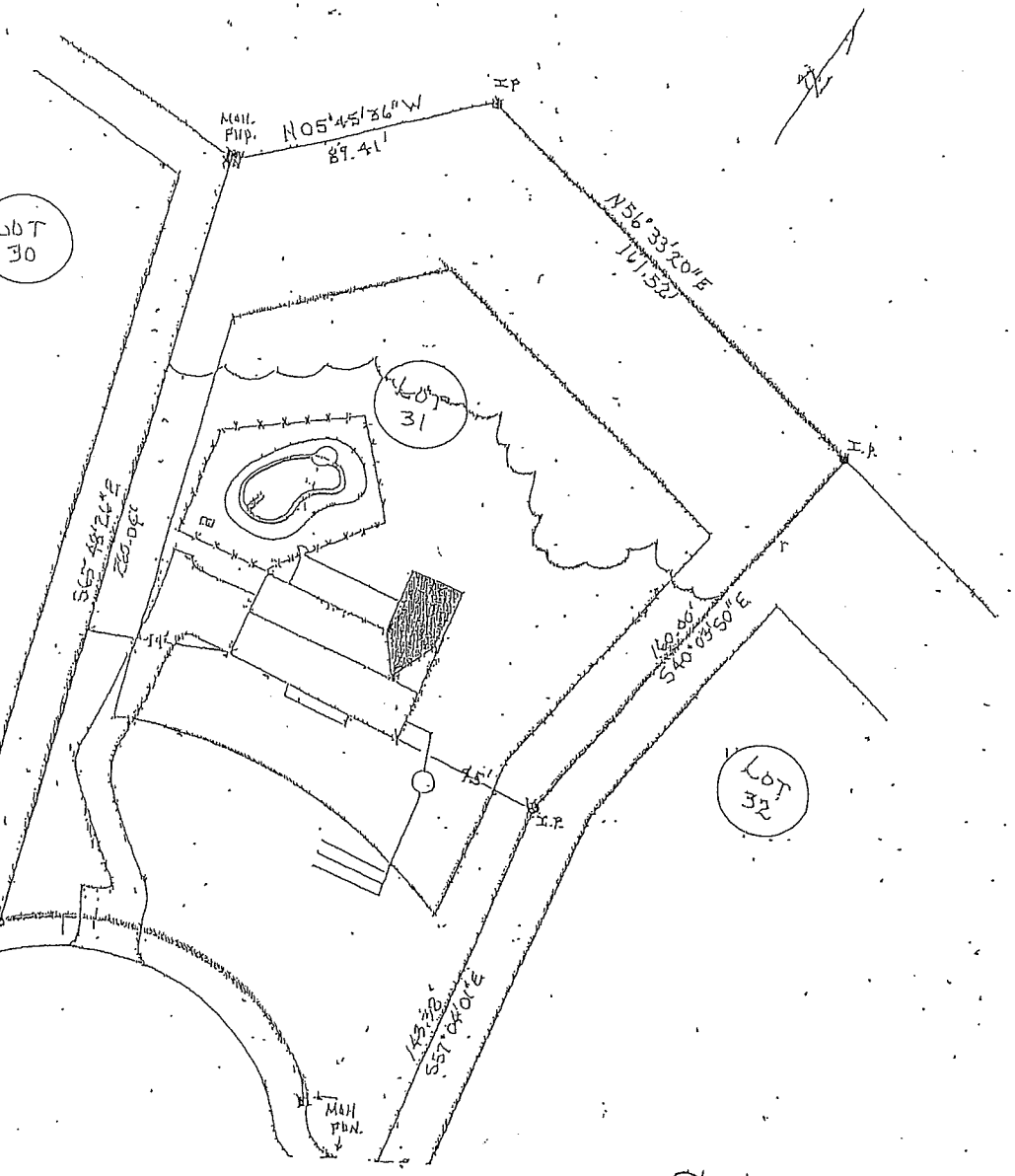
_____

_____

SIGNATURE: _____

POSITION: _____

DATE: _____



ZONING DATA

R-1 ZONING District

Lot Size – 49,657 sqft or 1.14 Acre

Setbacks

		Existing
Front –	65'	85'
Side –	15'	44'+45'
Rear –	50'	128'

Maximum Impervious Coverage 12%

Existing

Dwelling – 1920
Driveway – 2110
Pool – 1230
Patio – 250

Proposed

Addition 500

Total 6010 sqft or 12%

* SCALE = 1" = 30'

1234 ABCD STREET
YOUR TOWN, PA 19000
TAX # 50-0-00-0000

J. DOE Property
ADDITION PLAN

SAMPLE ONLY
NOT FOR SUBMISSION