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

Permit #

2005.1

APPLICATION FOR BUILDING PERMIT (OFFICE/STORAGE TRAILER)

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 □ Residential □ Industrial	□Commercial □ Vacant □Other □ 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: □ New Construction □ Demolition □ Addition □ Relocation □ Alteration □ Foundation Only □ Repair/Replacement □ Change of Use Only	Proposed Uses: □ Assembly □ Factory □ Residential □ Business □ Institutional □ Storage □ Educational □ Mercantile □ Garage □ 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 **Plan Examiner** _____ Date **Building Official** _____ Date	**Fee**

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 APPLICTION

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) □ Gas □ Oil □Electric □ Coal □ Wood □ 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

SEAL

_____ Date Commission Expires

2005.0

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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	**Fee**
Zoning Official _____	
Date	

PLEASE INCLUDE TWO SITE PLANS

TOWNSHIP OF WEST BRADFORD

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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

MANUFACTURED HOMES INFORMATION SHEET

Applicants shall provide the following information to the township with building permit application *"IN DUPLICATE".*

1) SITE PLAN to a scale of 1" = 20' with the following information:
   a) Lot size with metes and bounds and north arrow
   b) Size and location of building proposal, driveway and other buildings
   c) Setback lines, right–of-way lines, contour lines
   d) Size and location of sewage system, well and/or streams
   e) Drainage easements, catch basin, large rock outcroppings
   f) Sanitation Permit (4 sheets)

2) ELEVATIONS four (4) required showing the following from finish grade:
   a) Floor lines and dimensions; also dimension from grade to peak
   b) Window sizes
   c) Overhangs or porches with size and material
   d) Exterior coverings and materials and roof slope
   e) Louvers and vents to be shown and size (roof and crawl space)
   f) Chimney size and location above ridge and from nearest wall.

3) FOUNDATION PLANS:
   a) Basement, crawl spaces, and slabs
   b) Footing (shown dotted)
   c) Foundation material and sizes with window, door sizes, and locations
   d) Structural members, stairs, size and type
   e) Interior and exterior dimensions
   f) Electrical fixtures, heating elements, furnace size, and type and locations.

4) FLOOR PLANS:
   a) First and second floors with dimensions
   b) Structural framing members, size, directions and spacing, bridging & stairs
   c) Room names with dimensions
   d) Window and door sizes, type and locations
   e) Electrical circuits, fixtures, size, type
   f) Plumbing fixtures, bath, kitchen, laundry

5) MANUFACTURER'S INSTALLATION INSTRUCTIONS:
   a) Locations of permissible points of support for vertical loads.
   b) Locations of attachment of anchorage systems used to resist horizontal and uplift forces.

6) DRIVEWAY ENTRANCE CROSS SECTION AND PERCENT OF GRADE.

7) SUBMIT CONSTRUCTION DETAILS FOR ANY LANDINGS, STAIRS, GUARDRAILS, HANDRAILS OR DECKS.

ADDITIONAL INFORMATION MAY BE REQUIRED UPON REQUEST OF THE CODE ENFORCEMENT OFFICER