



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

Permit #

Parcel No. \_\_\_\_\_

**APPLICATION FOR FIRE PREVENTION PERMIT**

**1. PROPERTY/OWNER INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**2. CONTRACTOR INFORMATION:**

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ FAX #: \_\_\_\_\_  
Email: \_\_\_\_\_

**4. FIRE PREVENTION PERMIT APPLICATION**

|  |  |  |   |
|--|--|--|---|
| Improvement Type:<br><input type="checkbox"/> New Construction<br><input type="checkbox"/> Addition<br><input type="checkbox"/> Alteration<br><input type="checkbox"/> Temporary Structure | <input type="checkbox"/> Demolition<br><input type="checkbox"/> Repair/Replacement | Proposed Uses:<br><input type="checkbox"/> Assembly<br><input type="checkbox"/> Business<br><input type="checkbox"/> Educational<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Factory<br><input type="checkbox"/> Institutional<br><input type="checkbox"/> Mercantile<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Storage |
|  |  |  | <b>Project Estimated Cost \$</b>  |

**OIL TANK REMOVAL/REPLACEMENT INFORMATION:**

Make/Model \_\_\_\_\_  
Size of tank \_\_\_\_\_  
Size of fill line \_\_\_\_\_  
Size \_\_\_\_\_  
Location (circle one) Inside Outside  
Size of vent line \_\_\_\_\_  
Location \_\_\_\_\_

Is there an emergency controls switch (circle one) YES NO

What is to become of the old tank? \_\_\_\_\_

***If the tank is outside of the house and above floor level, oil must have an auto siphon valve installed***

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

|                             |            |
|-----------------------------|------------|
| <b>DEPARTMENT APPROVALS</b> | <b>Fee</b> |
| Plan Examiner _____         |            |
| Fire Marshal _____          |            |
| _____                       |            |
| Date _____                  |            |
| 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): \_\_\_\_\_

- a. 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.
- b. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate Holder.
- c. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
- d. The contractor/policy holder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
- e. 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 and you are the contractor, 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



## 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**