

PERMIT APPLICATION

Building & Zoning

PROPERTY INFORMATION:		Please provide plot plan (if applicable)	
Site Address:		Zoning District:	Lot Area (s):
Subdivision/Land Development:		FEMA Floodplain: <input type="checkbox"/> Yes <input type="checkbox"/> No	
UPI:	Block:	Unit:	Sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private
HOA <input type="checkbox"/> Yes <input type="checkbox"/> No - Contact Info:		Exist. BRs:	Water: <input type="checkbox"/> Public <input type="checkbox"/> Private
<input type="checkbox"/> Residential		Prop. BRs:	Exist. Impervious:
		Prop. Impervious:	
Please see Escrow Statement for SWM (if applicable)			
<input type="checkbox"/> Non-Residential		Name of Business:	Sprinklers: <input type="checkbox"/> Y <input type="checkbox"/> N Alarm: <input type="checkbox"/> Y <input type="checkbox"/> N
TYPE OF CONSTRUCTION			
Building Area:		Occupancy Load:	
Parking Spaces:		Use Group:	
<input type="checkbox"/> IA <input type="checkbox"/> IIA <input type="checkbox"/> IIIA <input type="checkbox"/> IV <input type="checkbox"/> VA		<input type="checkbox"/> IB <input type="checkbox"/> IIB <input type="checkbox"/> IIIB <input type="checkbox"/> VB	
General Notes:			
APPLICANT INFORMATION:		<input type="checkbox"/> Check if same as Owner	
Name:		Phone Number:	
Address:		E-Mail:	
OWNER INFORMATION:			
Name:		Phone Number:	
Address:		E-Mail:	
TYPE OF PROJECT:		Check all that apply:	
<input type="checkbox"/> New Single-Family	<input type="checkbox"/> Re-Roofing	<input type="checkbox"/> New Business	<input type="checkbox"/> Fire Alarm/Suppression System
<input type="checkbox"/> Addition/ Alteration	<input type="checkbox"/> Added Impervious	<input type="checkbox"/> Electrical	<input type="checkbox"/> Non-Residential Construction
<input type="checkbox"/> Pool/Spa	<input type="checkbox"/> Deck	<input type="checkbox"/> Mechanical/HVAC	<input type="checkbox"/> Road Opening
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Alt. Energy	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Manufactured Home
<input type="checkbox"/> Sign			<input type="checkbox"/> Other:
General Description of Work:			<u>TOTAL ESTIMATED COST OF PROJECT:</u>
CERTIFICATION: 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 Zoning Officer shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. Zoning Approval is required prior to the issuance of any permit. Zoning Approval shall be granted or refused within 30 days from receipt of Application.			
Applicant Name (print):			Date:
Applicant Signature:			
DEPARTMENT APPROVALS:			
Zoning:		UCC:	
Date:		Date:	
			<u>PERMIT FEE:</u>



PLUMBING CONTRACTOR INFORMATION:

Last Name:	First Name:	Phone Number:
Street:	City, State, Zip:	

PLUMBING PERMIT APPLICATION: Insert the number of fixtures being installed, replaced, or repaired:

Tubs/showers	Drinking Fountains	Backflow 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): # of Heads
Public Water (Y/N):	Public Sewer (Y/N):	Total Number of Fixtures:
Water Service Size (in.):	Water Meter Size (in.):	Avg. Daily Water Use (GPD):

Utility Service Revisions:

Est. Start Date:	Est. Finish Date:	Estimated Value:
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MECHANICAL CONTRACTOR INFORMATION:

Last Name:	First Name:	Phone Number:
Street:	City, State, Zip:	

E-Mail:

MECHANICAL CONTRACTOR APPLICATION: Insert the number of fixtures being installed, replaced, or repaired:

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 Furnace	A/C Compressor	Hydronic System

Utility Service Revisions:

Est. Start Date:	Est. Finish Date:	Estimated Value:
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ELECTRICAL CONTRACTOR APPLICATION:

Last Name:	First Name:	Phone Number:
Street:	City, State, Zip:	

E-Mail:

ELECTRICAL CONTRACTOR APPLICATION: Insert the number of fixtures being installed, replaced, or repaired:

Switching Outlets	Water Heater, Electric	HVAC
Lighting Outlets	Heating, Electric	Switching Devices
Receptacle Outlets	Service Equipment	Transformers
Range/Oven	Bonding, Pool/Vault	Smoke Detectors
Dryer, Electric	Service Feeders	
Est. Start Date:	Est. Finish Date:	Estimated Value:



West Bradford Township
Contractor Worker's Compensation Statement

Any subcontractors used on this project will be required to carry their own worker's 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 Worker's 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.

- I. The Contractor for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):
- Certificate of Insurance (please attach) – **proceed to section III.**
 - Certificate of Self-Insurance (please attach) – **proceed to section III.**
 - Affidavit of Exemption – **proceed to section II**
- II. If an exemption is being claimed by the contractor, please complete the following and sign in the presence of a notary public. **Once complete, proceed to section III.**
- Contractor/Applicant is the individual who owns the property. **(NOTARY NOT REQUIRED)**
 - 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 Worker's Compensation Act.
 - All of the Contractor/Applicant employees on the are exempt on religious grounds under Section 304.2 of the Worker's Compensation Act.
 - Other. Please explain: _____

Signature	Title
Name (please print)	Name of Company
Date	

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

Subscribed to me this _____ day of _____ 20__

Notary Public

SEAL

Date Commission Expires

- III. 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	



WEST BRADFORD TOWNSHIP
"Between the Brandywines"

1385 Campus Drive, Downingtown, PA 19335
(610)269-4174 www.westbradford.org

EMERGENCY CONTACT INFORMATION

ESTABLISHMENT CONTACT INFORMATION:

Name of Establishment:			
Type of Establishment:			
Street Address: STE Number:			
City, State, ZIP:			
Phone Number:		Email:	

24-HOUR EMERGENCY CONTACT (Primary):

Name:			
Street Address:			
City, State, ZIP:			
Email:			
Phone Number:		Phone (Cell):	

24-HOUR EMERGENCY CONTACT (Alternate):

Name:			
Street Address:			
City, State, ZIP:			
Email:			
Phone Number:		Phone (Cell):	

ALARM COMPANY INFORMATION (if applicable):

Name of Company:		Phone:	
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KNOX BOX INFORMATION (if applicable):

Knox Box?: <input type="checkbox"/> YES <input type="checkbox"/> NO Location:			
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BILLING INFORMATION:

Name:		Address:	
Phone:		Email:	