

ZONING PERMIT APPLICATION FOR SHED/MINOR ACCESSORY STRUCTURE

Type of Building	Zoning District	Parcel Number
I hereby certify that I have examined this application and its attachments finding them to be in accordance with the provisions set forth in the PA Uniform Construction Code, 2018 International Building Code, and Ordinances of West Brandywine Township.		
APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO		
on _____, 20 _____		Building Inspector _____
		Building Code Official _____
Permit Fee \$ _____	Permit Number _____	

Top Section for Office Use Only – Fill application below

The owner hereby makes application to: (check one)

- Construct
- Alter
- Addition
- Change of Occupancy

Type of Occupancy

- Single Family Dwelling
- Multi-Family Dwelling
- Commercial
- Institutional
- Industrial

PROPERTY INFORMATION

Street Number	Street Name	
City	Zip Code	
Parcel Number	Lot Size	

OWNER INFORMATION

First Name	Last Name
Mailing Address (if different from above)	
Email Address	Daytime Phone

AUTHORIZED AGENT/CONTRACTOR

All Contractors engaging in home improvement services within West Brandywine Township shall comply with Contractor Insurance Verification Requirements; Ord. 2021-03, Adopted 8/5/2021.

First Name	Last Name
Business Name	WBT Contractor License #
Mailing Address	
Email Address	Daytime Phone

SHED/MINOR ACCESSORY INFORMATION

Dimensions: Width _____ Length _____ Height _____ Total sq ft _____

**Special Hauling Permit required for any widths over 8.5 ft and/or heights over 13.6 ft*

*** Failure to obtain a Special Hauling Permit when required may result in a fine of \$1000.00*

Total Square Footage is: 64 sq ft – 200 sq ft 201 sq ft or greater

Shed Type: Timber Frame Metal Frame Other (specify) _____

**Metal sheds shall be secured to the ground at each corner by metal pipe or auger type anchor at a minimum depth of two (2) ft*

Foundation: Concrete Block Stone Bed Concrete Slab

Other (specify) _____

SETBACK REQUIREMENTS

Per West Brandywine Township Code §200-83(A)(1)

- Minor accessory structures less than 400 sq ft on residential lots shall be erected in rear or side yards
- Minimum setback of ten (10) feet from side and rear property lines.
- Corner lots: Minimum setback of twenty (20) feet from adjacent property lines and may not be placed in required front yard area
- Shall have a maximum building height of twenty-five (25) feet as measured from the average grade to the highest point in the structure

IMPERVIOUS COVERAGE AREA (sq ft)

EXISTING (sq ft)

PROPOSED NEW (sq ft)

Dwelling _____

Dwelling _____

Driveway _____

Driveway _____

Walkway _____

Walkway _____

Shed(s) _____

Shed(s) _____

Accessory Structure _____

Accessory Structures _____

Patio _____

Patio _____

Total Existing Impervious Coverage Area: _____

Total Proposed NEW Impervious Coverage Area: _____

SETBACK INFORMATION*

**Provide distance from property boundary to NEW proposed structure*

Front Yard width _____

Front Yard depth _____

Rear Yard width _____

Rear yard depth _____

Side Yard width _____

Side Yard width _____

COST OF CONSTRUCTION (include materials and labor): \$ _____

INSPECTIONS

The issuance of this Zoning permit requires the applicant to comply with all provisions set forth in the PA Uniform Construction Code, 2018 International Code Council Building Code, and Zoning Ordinances of West Brandywine Township. The inspections marked below are the stages of construction when West Brandywine Township Codes Department must be notified by the applicant. Inspections shall be scheduled forty-eight (48) hours in advance. Failure to notify the Township before proceeding to the next step will result in a stop order. Twenty-four (24) hour notice is required to cancel a scheduled inspection; Failure to do so will result in a failed inspection.

**Fee for all failed inspections as outlined in the current fee schedule.*

This section to be completed by WBT Codes Department

REQUIRED INSPECTIONS

Permit # _____

- SETBACK INSPECTION**
Shall be made checking the location of construction prior to excavation. Stakes or batter boards must be in place and property lines clearly marked.
- FINAL INSPECTION**
Shall be made after the structure has been placed.

West Brandywine Township Codes

Date

PLAN REVIEW

Application must be accompanied by the following:

- One (1) copy of manufacturer’s information or marketing brochure for prefabricated structures OR two (2) copies of the structural plans and details for on-site construction
- Two (2) copies of a site plan showing all property lines, all existing structures and other impervious surfaces (driveway, walkways, pool, etc.), and the location of the proposed structure showing setback distances to property lines, existing structures, and on-site sewage systems
- If applicable, Special Hauling Permit on Oversize/Overweight Vehicles [Ordinance No. 2009-05]
**Special Hauling must be approved prior to application review/approval*

APPLICANT’S CERTIFICATION

I hereby apply for a zoning permit and certify that the information with this application is complete and accurate. The work will be in conformance with 2018 International Building Code and Zoning Ordinances of West Brandywine Township. I hereby certify that I have examined this completed application and the statements therein are true and correct, and that all work shall be done in accordance with all applicable Township, County, and State Laws. Falsified information will result in revocation of the Permit.

Signature of Applicant

Date

WEST BRANDYWINE TOWNSHIP CODE ENFORCEMENT OFFICE

198 Lafayette Road

West Brandywine, PA 19320

Phone: 610-380-8200 Fax: 610-384-4934

CONTRACTOR'S INSURANCE VERIFICATION

FEE PER CURRENT FEE SCHEDULE

DATE: _____

Contractor's engaging in any and all types of home improvements shall register with West Brandywine Township Codes Office prior to commencing home improvements within the Township. A check shall accompany completed application, made payable to West Brandywine Township.

Please complete the application in its entirety. Sign and date application, include current Certificate of Insurance naming West Brandywine Township as the Certificate Holder, specifying minimum general liability and workers compensation limits as outlined below. If you are filing a self-employment or religious exemption, and are not required to carry Workers Compensation Insurance, **please complete and have notarized the attached Affidavit for submittal along with the Application. If the Affidavit is not completed, processing of the application will be delayed. Also include a copy of your State Registration Certificate.**

The following minimum insurances are required to obtain a valid Registration Certificate:

- a. General Liability - 1) Per Occurrence - \$500,000; 2) Per Personal Injury - \$500,000; 3) Property Damage - \$1,000,000
- b. Workers Compensation and Employer's Liability - 1) Each Accident - \$100,000

VALID FOR ONE YEAR FROM DATE OF ISSUANCE

CONTRACTOR INFORMATION:

Contractor's Name: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Names of principal partner or officer: _____

Type of Contractor: _____

Number of Employees: _____ If you have no employees and you do not have worker's compensation insurance, please complete attached Affidavit, sign, notarize, and include with this application.

Municipalities presently certified in: _____

Certificate of Insurance attached: Yes No

CERTIFICATION: THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Print Name

Signature

WEST BRANDYWINE TOWNSHIP CODE ENFORCEMENT OFFICE

198 Lafayette Road

West Brandywine, PA 19320

Phone: 610-380-8200 Fax: 610-384-4934

Worker's Compensation Insurance Coverage to comply with Act 44 of 1993

AFFIDAVIT

To be completed if Applicant is a contractor claiming exemption from providing Worker's Compensation Insurance, i.e. if you have no employees or claiming exemption on religious grounds, the Affidavit must be completed, signed and notarized. Contractor's Insurance Verification process will be delayed if Affidavit is not completed.

Name of Applicant: _____

Federal or State Employer or Tax Identification No: _____

The undersigned swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons as indicated:

Contractor and sole proprietor without employees-Contractor prohibited by Law from employing any individual to perform work pursuant to this Building Permit unless Contractor provides proof of insurance to the Township.

Contractor exempt on religious grounds qualified under Section 304.2 of the WC Act.

Signature of Applicant

Date

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Subscribed and sworn to before me this _____ **day of** _____

Signature of Notary Public

My Commission Expires:

WEST BRANDYWINE TOWNSHIP *Pennsylvania*

APPLICATION FOR SPECIAL HAULING PERMIT ON OVERSIZE/OVERWEIGHT VEHICLES

MOTOR CARRIER NAME AND ADDRESS *(Type or print legibly and in black or blue ink)*

PHONE _____ Email _____

DATE MOVE BEGINS: _____ Pilot car needed? YES NO

MOVE ENDS: _____
(Must not be greater than 7 days)

PERMIT TYPE: *(Cost per current fee schedule)*

SINGLE \$ _____

PLUS OVERWEIGHT = \$ _____
(Price per ton over legal weight for Single Usage)

MONTHLY *(Oversized Only)* \$ _____

ANNUAL *(Oversized Only)* \$ _____

TRUCK MAKE: _____ PLATE/VIN _____

NUMBER OF AXLES ON TRUCK: _____

TRAILER TYPE: _____ PLATE /VIN _____

NUMBER OF AXLES ON TRAILER: _____

TOTAL LENGTH: _____ FEET _____ INCHES

TOTAL WIDTH: _____ FEET _____ INCHES

TOTAL HEIGHT: _____ FEET _____ INCHES

ROUTE SURVEY NEEDED WHEN OVERHEIGHT

LOAD QUANTITY: _____

LOAD TYPE: _____

LOAD SERIAL # _____

LEGAL WEIGHT: _____

GROSS WEIGHT: _____

AXLE ONE WEIGHT: _____

AXLE FIVE WEIGHT: _____

AXLE TWO WEIGHT: _____

AXLE SIX WEIGHT: _____

AXLE THREE WEIGHT: _____

AXLE SEVEN WEIGHT: _____

AXLE FOUR WEIGHT: _____

AXLE EIGHT WEIGHT: _____

ROUTE INFO: Origin _____
City State
Destination _____
City State

TOWNSHIP ROAD(S) REQUESTED _____

INSURANCE CARRIER: _____

POLICY # _____

Minimum automobile insurance must be \$1,000,000

Certificate of Insurance with West Brandywine Township as certificate holder is included with application

YES NO

Person submitting permit info _____

Title of person submitting info _____

Prior to movement, the driver shall thoroughly read, sign, and date this permit in the space provided below to acknowledge all vehicle and any load data and conditions, as well as shipping documents and insurance are fully in compliance with this permit. This permit is not transferable to any other driver.

SIGNATURE OF DRIVER: _____

DATE SIGNED: _____

OFFICIAL USE ONLY:

APPROVED DATE _____ REJECTED _____

IF REJECTED, WHY? _____

SIGNATURE OF OFFICER: _____

VIDEO TAPE OF ROUTE REQUIRED _____

WEST BRANDYWINE TOWNSHIP GENERAL CONDITIONS

The oversize/overweight vehicle may not use township roadways until a township permit has been issued and approved.

The authority under this Special Hauling Permit shall NOT give the permittee the right to travel on any roadway under the jurisdiction of the Commonwealth of Pennsylvania. A Pennsylvania Special Hauling Permit must be obtained to use state owned roadways.

The permit shall not give the right to exceed posted weights on bridges in West Brandywine Township.

Any road or bridge damage caused by the permittee shall be the sole responsibility of permittee.

The Special Hauling Permit restricts movement to the roads specified in the permit and is valid only for a single trip from origin to destination. The permit does not cover the return of the vehicle to its place of origin.

Except in emergency cases, movement is prohibited during same time restrictions as set forth by Penn DOT in Title 67, chapter 179.10 subchapter 7.

Permitted vehicle must display oversize load banner signs on the front and rear of the vehicle and must display 18-inch square flags on widest part of load or vehicle.

If pilot car is needed for movement, pilot car must follow rules and regulations as set forth by Penn DOT in Title 67, Chapter 179.10 subchapter 13.

The permittee shall follow the remainder of the rules located in Pennsylvania Title 67, Chapter 179.10 while operating under special hauling permit.

The permittee shall keep a copy of this permit inside the permitted vehicle at all times and shall be open to inspection by any West Brandywine Township Police Officer, at anytime.

The permit shall become invalidated if the permittee provides false information on any part of this permit.

The permit shall be confiscated, and movement shall not be permitted. Sanctions for violating a permit can be found in the Pennsylvania Vehicle Code, Title 75, section 4907.

Oversize/Overweight Hauling Permit fees: Per current fee schedule

**Monthly/Annual Permits not available for Overweight's*