

GRADING PERMIT APPLICATION

Fee: \$350.00 due at submission

PERMIT NO. _____

All work approved under this permit shall be completed in compliance with the provisions of the West Brandywine Township Zoning Ordinance, §200-88: Grading, Land Disturbance, and Agricultural Activities, and §167-61: Stormwater Management.

One (1) hardcopy and one (1) electronic copy of plans are required at time of submission.

*Additional copies may be required at the discretion of plans reviewer.

PROPERTY INFORMATION

Application Date	Project Name		
Street Number	Street Name		
City	Zip Code		
Parcel Number	Lot Size		

OWNER INFORMATION

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

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.

AUTHORIZED AGENT/CONTRACTOR

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

REGISTERED ENGINEER

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

PROJECT INFORMATION

Total Area (acres or square feet): _____

Purpose or Intent of Land Disturbance:

Does work back up, or discharge water on, or affect any other property in any way? ☐ YES ☐ NO

If yes, note property address(es) affected and to what extent:

Erosion control devices to be utilized during construction:

Schedule of Work: Start Date: _____ Completion Date: _____

APPLICANT’S CERTIFICATION

1. I agree that I will comply with all ordinances, laws and Township policies regulating grading, land disturbance, erosion/sedimentation control, and storm water management.
2. I agree to allow access to said activities for inspection by West Brandywine Codes Officer.
3. All erosion/sedimentation control measures will be installed before land disturbance activities begin and be properly maintained throughout the grading/land disturbing activities. I further agree to add any additional erosion/sedimentation control measures as requested by West Brandywine Township.
4. I agree that I will be responsible for any damage to any utilities, public right-of-way and city streets caused by this work.
5. PERMIT FEE OF \$350.00 COVERS ONE (1) HOUR ENGINEER REVIEW TIME, ONE (1) SITE VISIT BY CODE OFFICER & ADMINISTRATIVE COSTS. I AGREE TO PAY FOR ADDITIONAL REVIEW FEES AND SITE VISITS AS REQUIRED.
6. W-9 SUBMITTED WITH APPLICATION.

Signature of Owner/Authorized Agent: _____ Date: _____

OFFICE USE ONLY

Permit Comments: _____

Approved By: _____ Date: _____

West Brandywine Township Procedure and Required Documentation for Permit Applications

- Original, signed permit applications are accepted; electronic versions may be sent to permit@wbrandywine.org
- Residential permit applications shall include one (1) set of all supporting information consisting of site plan, structural/building plans and specifications, and, if necessary, manufacturer's installation instructions; an additional electronic copy may be sent to permit@wbrandywine.org
- Commercial permit applications shall include one (1) hardcopy and one (1) electronic copy of all supporting documents including site plan, and structural/building plans and specifications; shall be prepared and signed by a registered Engineer/Architect. Additional copies may be required at the discretion of the Plans Reviewer and/or Building Code Official. Electronic copies shall be sent to permit@wbrandywine.org
- All applications shall provide a site plan showing the size and location of new construction and existing structures on the site and distances from lot lines. For demolition permit applications, the site plan shall show construction to be demolished, the location and size of existing structures, and construction that are to remain on the site or plot.
- 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.
- Permit applications, once deemed complete, are allotted a review period of 15-business days for Residential applications; 30-business days for Commercial applications; 45-Calendar days for Grading applications.
- Grading Permit Fee of \$350.00 covers one (1) hour Engineer review time, one (1) site visit by Code Officer and Administrative costs. In the event of additional reviews, applicant is required to establish an escrow with the Township in an initial amount of \$500.00 and maintain a minimum balance requirement of \$250.00 each month thereafter, until the issuance of a Use and Occupancy permit is granted. Applicant shall submit W-9 to establish escrow.
- Approved permit applications shall be issued once permit fees are satisfied according to the current Fee Schedule as adopted by the Township Board of Supervisors

COUNTY OF CHESTER ASSESSMENT OFFICE

313 W. MARKET STREET, SUITE 4202, P.O. BOX 2748, WEST CHESTER, PA 19380

JONATHAN B. SCHUCK, MBA CPE
Director of Assessment

610-344-6105
Fax 610-344-5902
www.chesco.org

Dear Property Owner:

As you have applied for a building permit from your municipality, the county Assessment Office would like to advise you of the steps surrounding our involvement in the process. We would like to make sure that you are aware of what will take place during construction and after the improvement is finished.

- 1) The municipality is required to supply a list of all building and zoning permits to the Assessment Office monthly.
- 2) An assessor will visit your property when they are in your municipality (generally rotate through every 2 - 3 months).
- 3) When arriving at your property, the assessor will come to the front door and identify themselves wearing a Chester County I. D. badge and will present a business card. They will ask you questions about the building permit and may need to measure the improvements (from the outside).
- 4) If you are not home when the assessor arrives, a business card will be left with a note on the flip side of the card. The assessor will proceed to the improvement and measure if the work is sufficiently complete. Otherwise, they will mark it for a revisit the next time they are in the municipality.
- 5) Please cooperate with the assessor, as he or she is simply trying to get the correct information about your improvement, so there will be no mistakes on the county record.
- 6) After the construction is finished or 30 months has elapsed your improvement will be assessed and added to your property record card.
- 7) You will receive a notice from our office changing your assessment reflecting the addition of the new improvement. If you require more information, please call our office at 610-344-6105 and ask to speak to the assessor assigned to your municipality.

It is the intention of this letter to inform you of the assessment process so that you realize that we will be visiting your property. Please note that due to time constraints we generally do not make appointments, unless absolutely necessary. Please be patient when an assessor knocks on your door and answer any questions to the best of your ability. Thank you for your anticipated cooperation.

Sincerely,

Jonathan B. Schuck
Director

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: