

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.		
<div style="display: flex; justify-content: space-between; align-items: center;"><div style="width: 60%;">APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO</div><div style="width: 35%; border-bottom: 1px solid black; text-align: center;">Building Inspector</div></div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"><div style="width: 60%;">on _____, 20 ____</div><div style="width: 35%; border-bottom: 1px solid black; text-align: center;">Building Code Official</div></div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"><div style="width: 45%;">Permit Fee \$ _____</div><div style="width: 50%; border-bottom: 1px solid black; text-align: center;">Permit Number</div></div>		

Top Section for Office Use Only – Fill application below

The owner hereby makes an 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)

Dwelling _____

Driveway _____

Walkway _____

Shed(s) _____

Accessory
Structure _____

Patio _____

Total Existing
Impervious
Coverage Area: _____

PROPOSED NEW (sq ft)

Dwelling _____

Driveway _____

Walkway _____

Shed(s) _____

Accessory
Structures _____

Patio _____

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 _____

Pursuant to Township Code Chapter 161: Stormwater Management

Impervious coverages totaling greater than 2000 ft² will require engineered stormwater agreement and grading review.

Impervious coverages totaling greater than 1000 ft² will require simplified stormwater agreement.

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 one (1) copy of the structural plans and details for on-site construction; an additional electronic copy may be provided
- ☐ One (1) copy 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; an additional electronic copy may be provided
- ☐ 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

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 # _____

GROSS WEIGHT: _____

AXLE FIVE WEIGHT: _____

AXLE SIX WEIGHT: _____

AXLE SEVEN WEIGHT: _____

AXLE EIGHT WEIGHT: _____

TOWNSHIP ROAD(S) REQUESTED _____

POLICY # _____

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

Title of person submitting info

DATE SIGNED: _____

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*

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: