

ZONING PERMIT APPLICATION

Type of Building	Zoning District	Parcel Number	Total NEW Sq Ft
<p>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 and Ordinances of West Brandywine Township.</p> <p>APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>on _____, 20____</p> <p>Total Permit Fee \$ _____</p>			
		Building Inspector	
		Building Code Official	
		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	

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	

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 dimensions and 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 ManagementImpervious 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.**TOTAL COST OF CONSTRUCTION** *(include materials and labor):* \$ _____**DESCRIBE PROPOSED WORK:**

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 the 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

INSPECTIONS

The issuance of this building permit requires the applicant to comply with all provisions set forth in the Uniform Construction Code, 2018 International Code Council Building Code, and 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 may 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

Inspection will be made checking the location of construction prior to excavation. Stakes or batter boards must be in place and property lines clearly marked.

- ## □ FINAL USE & OCCUPANCY

A final Use & Occupancy inspection will be made after the structure has been completed.

West Brandywine Township Codes

Date

A dwelling may not be occupied, or a structure may not be used, until the issuance of a Certificate of Use & Occupancy. If the required inspections are not performed as noted above, failed inspection fees may apply and/or a Certificate of Use & Occupancy may be denied.

I HEREBY ACKNOWLEDGE RECEIPT OF THIS FORM

Signature of Applicant

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: