

## ELECTRICAL PERMIT APPLICATION

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, 2017 National Electric Code (NFPA 70), and Ordinances of West Brandywine Township.		
<div style="display: flex; justify-content: space-between; align-items: center;"><div>APPROVED</div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div>		
on _____, 20 ____		Building Inspector
Permit Fee (base)    \$ _____		Building Code Official
+ PA UCC Fee \$ _____		
<b>Total Permit Fee    \$</b> _____		Permit Number _____

*Top Section for Office Use Only – Fill application below*

### **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 (if applicant is not the owner)**

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

<b>Service(s):</b> <b>NEW</b> <input type="checkbox"/> <b>UPGRADE</b> <input type="checkbox"/> <b>REPLACEMENT</b> <input type="checkbox"/>	
Existing Service Size: _____	
LOCATION:    Overhead: _____              Underground: _____	
Service Ent. Cable Size: _____ Voltage: _____ Amperage: _____	
PANEL:    No. of Poles: _____ Mains: _____	
<b>Subpanel:</b> <b>NEW</b> <input type="checkbox"/> <b>UPGRADE</b> <input type="checkbox"/> <b>REPLACEMENT</b> <input type="checkbox"/>	
<b>Feeders:</b>	
Amperage: _ Conductor: _____ Amperage: _____ Conductor: _____	
PANEL:    No. of Poles: _____ Mains: _____	

<b>Construction Documents:</b> <div style="display: flex; justify-content: space-between;"> <span>Required Required Documents Submitted</span> <span>Not Required Documents Signed &amp; Sealed (if required)</span> <span>Waived</span> </div>		
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ELECTRICAL DEVICES/SYSTEMS							
TYPE	KW/KVA		TYPE	KW/KVA		TYPE	KW/KVA
Boiler			Fireplace			Refrigeration System	
Clothes Dryer			Fuel Oil System (incl. tank)			Sauna Heater	
Clothes Washer			HVAC—Heat Pump			Smoke Control System	
Cooking—Range			HVAC—AC			Sewage Ejector Pump	
Cooking—Oven			HVAC—Furnace			Solar PV	
Cooking—Cooktop			HVAC—Mini-Splits			Sump Pump	
Dishwasher			Garbage Disposal			Ventilation System	
Generator—Standby			Incinerator/Crematory			Water Heater	
Exhaust, Hazardous			Kiln, Ceramic				
Exhaust, Kitchen (Hood)			Machinery Room				
Fire Alarm/Security System			Microwave				
SUBTOTAL			SUBTOTAL			SUBTOTAL	

**TOTAL LOAD (kW) OF DEVICES/SYSTEMS =**

<b>Branch Circuits:</b> Qty 15 Amp: _____ Conductor: _____    Qty 20 Amp: _____ Conductor: _____	
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<b>Certifications:</b>	
_____ *Owner Name (typed or printed)	_____ *Signature
_____ *Contractor Name (typed or printed)	_____ *Signature
_____ *Design Professional of Record (typed or printed)	_____ *Signature

**TOTAL COST OF WORK** (*materials and labor*) \$ \_\_\_\_\_

## **INSPECTIONS**

The issuance of this permit requires the applicant to comply with all provisions set forth in the PA Uniform Construction Code, 2017 National Electric Code (NFPA 70), 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 # \_\_\_\_\_

- Δ SERVICE INSPECTION
- Δ ROUGH INSPECTION
- Δ FINAL INSPECTION – Shall be made after the building is complete, all fixtures are in place and properly connected and the structure is ready for occupancy.

Rough and Final Inspections to be completed by the same inspector.

\_\_\_\_\_  
West Brandywine Township Codes

\_\_\_\_\_  
Date

## **APPLICANT'S CERTIFICATION**

I hereby apply for an electrical permit and certify that the information above is complete and accurate. The work will be in conformance with 2017 National Electric Code (NFPA 70) and 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 Owner/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](http://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:***