

## LAWN IRRIGATION PERMIT INSTRUCTIONS

Please complete the following forms:

1. Plumbing Permit Application
2. Zoning Permit Application
3. Workers Compensations Insurance Coverage Information
  - a. Provide Certificate of Liability Insurance naming as Certificate Holder:

**KENNETT TOWNSHIP  
801 BURROWS RUN ROAD  
CHADDS FORD, PA 19317**

4. UCC Inspection Procedures Statement

Also required are:

- A detailed description of the work being performed.
- Plot Plan showing where the irrigation system will be located on the property.
- Back flow preventer information
- PA Contractor's Registration number

**Note:** *No Irrigation heads may not be located or spray in the right-of way*



801 BURROWS RUN RD, CHADDS FORD, PA 19317  
PHONE: 610-388-1300 FAX: 610-388-0461

### PLUMBING PERMIT APPLICATION

Permit # \_\_\_\_\_  
Date: \_\_\_\_\_  
Fee: \_\_\_\_\_

To alter, erect or use a structure, to use land in accordance with the Zoning Ordinance, Building Code, and all other pertinent ordinances of Kennett Township, Chester County, Pennsylvania.

Application for a permit to perform or install (give description of work being done):

\_\_\_\_\_

Site Address: \_\_\_\_\_ Tax Parcel # 62 - \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase/Section: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_ Cost of Plumbing Construction: \$ \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mobile/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mobile/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mobile/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*Detailed plumbing plans are required, including pipe sizing, pitch, length of run, etc. Plans should include drain, waste, vent domestic water, and gas piping and type of material to be used.*

Type of Work:  New Building  Alteration  Addition  Repair  Upgrade  Change in use

TYPE	NUMBER	TYPE	NUMBER
Stacks		Fountains (drinking)	
Sinks		Sump	
Baths		Shower	
Water Closets		Urinal	
Lavatory		Dishwashing Machine	
Tank and Heater		Humidifier	
Laundry Tray		Garbage Grinder	
Water Distribution System		Washing Machine	
Floor Drains		Special Waste	
Sewage Ejector		Rainwater Leaders	
Miscellaneous Fixtures		Other	
Lawn Irrigation System		TOTAL	

FLOOR DRAINS MAY NOT BE CONNECTED TO THE PUBLIC SEWER SYSTEM.

A SAMPLE MANHOLE IS REQUIRED IN ALL COMMERCIAL AND INDUSTRIAL INSTALALTIONS.

I certify that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniformed Construction Code) and any additional applicable codes, ordinances and regulation of Kennett Township. I understand issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel, or set aside any provisions of the codes or ordinances of Kennett Township or any other governing body. I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Applicant's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Print Name of Owner \_\_\_\_\_  
or Authorized Agent: \_\_\_\_\_ or Authorized Agent: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_ Contractor Print Name: \_\_\_\_\_

Permit Denied: Date \_\_\_\_\_ Reason Denied: \_\_\_\_\_

Permit Approved: Date \_\_\_\_\_ Building Code Official \_\_\_\_\_



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Permit # \_\_\_\_\_  
Date: \_\_\_\_\_  
Fee: \_\_\_\_\_

### APPLICATION FOR ZONING REVIEW

Use for any structures including buildings, additions, pools, pool barriers, spas, patios, driveways, tents, sheds (under 500 sq. ft.) and decks less than 30 inches in. from grade.

#### OBTAIN ZONING PERMIT PRIOR TO BUILDING PERMIT

**PROPERTY INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
FAX #: \_\_\_\_\_ Email: \_\_\_\_\_

*Per UCC requirements, signs requiring engineered plans will also require a Building permit/review in addition to Zoning.*

Permit Type	Height	Dimensions (L x W)	Material Type
Dwellings			
Commercial Buildings			
Retaining wall under 4 ft.			
Sign			
Shed under 500 sq. ft.			
Patio			
Paving/Driveways			
Decks under 30 inches			
Other:			

**ESTIMATED COST OF CONSTRUCTION:** \_\_\_\_\_

**Building/Lot Dimensions:**

Existing Building Area: \_\_\_\_\_ sq. ft. Number of Stories: \_\_\_\_\_  
Proposed Building Area: \_\_\_\_\_ sq. ft. Height of Structure above Grade: \_\_\_\_\_ sq. ft.  
Total Building Area: \_\_\_\_\_ sq. ft. Area of the Largest Floor: \_\_\_\_\_ sq. ft.  
Total Impervious Area: \_\_\_\_\_ sq. ft. Total Lot Area: \_\_\_\_\_ sq. ft.  
Percentage of Total Building area on Lot: \_\_\_\_\_ % Percentage of Total Impervious Area on Lot: \_\_\_\_\_ %

Describe work to be completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

I hereby certify that I am the owner of record of the named property; or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Zoning Officer shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions for the code(s) applicable to such permit.

Signature of Applicant \_\_\_\_\_ Address \_\_\_\_\_ Contact # \_\_\_\_\_

Print Name \_\_\_\_\_

**DEPARTMENT APPROVALS**  
Zoning Official \_\_\_\_\_ Date \_\_\_\_\_

# WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

(attach to building permit application)

## A. The Applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law.

YES       NO

If the answer is "yes", complete Sections B and C below as appropriate.

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## B. Insurance Information

Name of Applicant: \_\_\_\_\_

Federal or State Employer Identification No.: \_\_\_\_\_

Applicant is a qualified self-insurer for workers compensation.

Certificate attached

Name of Workers' Compensation Insurer: \_\_\_\_\_

Workers' Compensation Insurance Policy No.: \_\_\_\_\_

Certification attached

Policy Expiration Date: \_\_\_\_\_

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## C. Exemption

*Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.*

The undersigned swears or affirms that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated.

Contractor with no 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.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this

\_\_\_\_\_ day of 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

(Seal)

## UCC INSPECTION PROCEDURES STATEMENT

1. **PLUMBING; MECHANICAL; ELECTRICAL:** To be performed as follows:

- a. **Plumbing:** All underground, encased or otherwise concealed system, shall be inspected including: sanitary system, domestic water service or line, alteration additions to any existing sanitary system, service, drain or any other sanitary drain or line, any domestic water service or line. Pressure tests shall be as follows: sanitary at 5 p.s.i. for 15 minutes, water system at 100 p.s.i. for 15 minutes (well or public systems at twice the pump; static (public) pressure).

Any aboveground sanitary or water system, to be performed; all items listed in "a" above shall be inspected prior to any encasement. Sanitary systems shall be tested at 5 p.s.i. for 15 minutes, water systems at 100 p.s.i. (or twice the static pressure of a well or public water system) for 15 minutes.

- b. **Mechanical:** Any underground or aboveground rough mechanical systems of any type shall be inspected prior to encasement. Business, Commercial, Industrial or other non-residential mechanical systems shall have: balance reports, PA steam boiler license, system operator license, special inspection reports, or other as may be required for compliance with the applicable codes.
- c. **Electrical:** Any electrical work, including low voltage or specialty, applicant shall submit one set of "Third Party Reviewed and Approved" plans. At a minimum, there shall be a "Service", when applicable, "Rough" and "Final" inspection approval by a qualified third party inspection agency. Final inspection approvals shall be placed on the electrical panel(s), and a "cut card" indicating final approval shall be sent to the Township for their permanent record.

I fully understand that it is my responsibility or the responsibility of the person that I have listed below as my designee to call for inspections and that, if inspections are not made according to this procedure, I or my designee may be in violation of the UCC and may be subject to prosecution. I/we also understand that no one may occupy the structure (or portion thereof) until a UCC Certificate of Compliance is obtained.

Name of permit applicant: \_\_\_\_\_

Permit # \_\_\_\_\_

Building Street Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

8/04/2014