

## **ZONING PERMIT INSTRUCTIONS**

Please complete the following forms:

1. Zoning Permit Application
2. Workers Compensations Insurance Coverage Information
  - a. If Home Owner is doing the work, signify on form
  - b. Contractor shall Provide Certificate of Liability Insurance naming as Certificate Holder:

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

Also required:

- A detailed description of the work being performed
- Plot Plan showing set back information
- PA Contractor's Registration number (if applicable)



# APPLICATION FOR ZONING REVIEW

Permit # _____
Date: _____
Fee: _____

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

Tax Parcel # 62- \_\_\_\_\_

Zoning District: \_\_\_\_\_

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:

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

<b>DEPARTMENT APPROVALS</b>	
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)