

## 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**



Permit # _____
Date: _____
Fee: _____

## PLUMBING PERMIT APPLICATION

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

**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 \_\_\_\_\_



Permit # _____
Date: _____
Fee: _____

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

## 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 #
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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)