

SIGN PERMIT INSTRUCTIONS

Please complete the following forms:

1. Zoning Permit Application
 - a. If a sign requires engineered plans, a Building Permit is also required.
 - b. If a sign is connected to electric service, an Electrical Permit is required.

2. 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**

Also required:

- A detailed description of the work being performed.
- PA Contractor's Registration number.

NOTE: Before the Certificate of Compliance can be issued, a final third party electrical inspection is required (if applicable).



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

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 _____

IV. IDENTIFICATION - To be completed by all applicants

Name		Mailing address-number, street, city, and state	ZIP Code	Tel No.
Owner or Lessee				
Contractor			Builder's License #	
Architect or engineer				

I hereby certify 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 his authorized agent. All information on this application will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniformed Construction Code) and any additional applicable codes, ordinances and regulations 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 understand that calls for inspections in accordance with UCC procedures are the responsibility of the Applicant, as well as all fees associated with the permit. I/We understand that no one may occupy the structure (or portion thereof) until a UCC Certificate of Occupancy has been issued. 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.

Signature of Applicant	Address	Application Date
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DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD – FOR OFFICE USE ONLY

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER		\$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTIONAL APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING/DEMO				
OTHER					OTHER				

VII. VALIDATION

Permit Denied on Date: Reason for Denial: _____ _____ _____	Approval:
	_____ (Signature)
	_____ (Print Name)
Kennett Township Code Enforcement Officer	

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.

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: _____

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)