

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)



| |
|----------------|
| Permit # _____ |
| Date: _____ |
| Fee: _____ |

801 BURROWS RUN ROAD, CHADDS FORD, PA 19317

PHONE: 610-388-1300 FAX: 610-388-0461

APPLICATION FOR Tax Parcel # 62-
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:

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 _____

| | |
|-----------------------------|------------|
| 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.

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)