

East Marlborough Township

Chester County, Pennsylvania

SUBMISSION FOR FOR NON-RESIDENTIAL BUILDING PERMIT

- 1. Zoning Permit*
- 2. Two sets of construction plans with seal and signature of architect or structural engineer*
- 3. Property owners certificate and indemnity form*
- 4. Workers compensation insurance affidavit*
- 5. Building permit application*

*If you have any questions, contact: Charlie Shock:610-220-9294 or @
shockey7@verizon.net (Building Inspector)*

Harry Williams 856-689-1263

Jane Laslo : Zoning Officer 610-444-0725 or @ JLASLO@eastmarlborough.org

East Marlborough Township

Chester County, Pennsylvania

NON-RESIDENTIAL ZONING PERMIT

Name of Property Owner _____

Address _____

Address for which permit is requested _____

Phone _____ Tax Parcel Number _____

Zoning District – Circle one

Mixed Use

Commercial – Village

Commercial – Highway

Educational, Scientific, Institutional

Limited Industrial

Please circle applicable one

New Construction

Renovation/alteration

Accessory

Briefly describe the nature of the modification you propose and attach a sketch plan showing plot, building footprint of existing and proposed buildings, and any changes in impervious cover.

Permit Approved _____ Date _____

Permit Number _____ Fee _____

For Building Permit, call Charlie Shock: 610-220-9294

721 Unionville Road / Kennett Square, Pennsylvania 19348
Phone (610) 444-0725 / Fax (610) 444-1380

PROPERTY OWNER'S CERTIFICATION AND INDEMNITY

Re:

Name

Address

Tax Parcel #

I/we the undersigned property owner(s), to whom a building permit has been issued by the East Marlborough Township for the construction of a building/accessory on the above captioned property, hereby verify that the building/accessory will be constructed pursuant to the said building permit. At the time an application for certificate of occupancy is being made, this certification confirms the building/accessory has been constructed strictly in accordance with the International Residential Code and/or the International Building Code, 2009 edition.

The undersigned further agree(s) to indemnify East Marlborough Township and Township officials and employees and save them harmless against any claim for any personal injury, property damage, or any other claim whatsoever which may at any time be brought against them in which it is alleged that the said building was not constructed in accordance with the said code, and/or that representatives or officials of East Marlborough Township negligently or improperly failed, in inspecting the said building, to observe, uncover or find any defective conditions, including but not limited to noncompliance with the said code: This indemnity includes reimbursement of attorney's fees and court costs.

The undersigned understand(s) that the statements herein are made subject to the penalties of 18 PA C.S.A. Section 4904 relating to unsworn falsification to authorities.

Date

Property Owner

Contractor

Workers' Compensation Insurance Coverage Information
(Addendum to building permit application)

A. The Applicant is:

Name of Applicant _____

Address _____

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

Yes

No

If the answer is "yes", complete Section B & C below as appropriate

B. Insurance Information

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. _____
 Certificate attached

Policy Expiration Date _____

Applicant must supply East Marlborough Township with a Workers' Compensation Certificate, which includes the effective date of the coverage and the signature of the insurer. This certificate shall be kept on file with the building permit.

I verify that my responses to these questions are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are subject to the penalties of 18 Pa. C.S.A., Section 4904 relating to unsworn falsification to authorities

Signature of Applicant

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 provision 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)

I verify that my responses to these questions are true and correct to the best of my knowledge, information and belief. I understand that false statements are subject to the penalties of 18 Pa C.S.A., Section 4904 relating to unsworn falsification to authorities.

Signature of Applicant
TO BE SIGNED IN PRESENCE OF NOTARY

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.

| | | | | |
|--------------------------------|---------------------|----------------|----------------|-----------------------|
| I. LOCATION OF BUILDING | AT (LOCATION) _____ | (No.) _____ | (STREET) _____ | ZONING DISTRICT _____ |
| | BETWEEN _____ | (CROSS STREET) | AND _____ | (CROSS STREET) |
| | SUBDIVISION _____ | LOT _____ | BLOCK _____ | LOT SIZE _____ |

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> | <p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units -----></p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----></p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> | <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units -----></p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----></p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> | <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> |
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| <p>B. OWNERSHIP</p> <p>8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p> | | | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>C. COST</p> <p>10. Cost of improvement..... \$ _____</p> <p style="text-align: center;"><i>To be installed but not included in the above cost</i></p> <p>a. Electrical..... \$ _____</p> <p>b. Plumbing..... \$ _____</p> <p>c. Heating, air conditioning..... \$ _____</p> <p>d. Other (elevator, etc.)..... \$ _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ _____</p> | <p>(Omit cents)</p> | <p>Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p> | <p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Private (septic tank, etc.)</p> | <p>J. DIMENSIONS</p> <p>48. Number of stories.....</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions.....</p> <p>50. Total land area, sq. ft.....</p> | |
| | <p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p> | | <p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed.....</p> <p>52. Outdoors.....</p> |
| <p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p> | <p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p> | | <p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms.....</p> <p>54. Number of bathrooms</p> <p style="margin-left: 20px;">} Full.....</p> <p style="margin-left: 20px;">} Partial.....</p> |

NO. STREET

IV. IDENTIFICATION - To be completed by all applicants

| | Name | Mailing address - Number, street, city, and State | ZIP code | Tel. No. |
|-----------------------------|------|---------------------------------------------------|-----------------------|----------|
| 1. Owner or Lessee | | | | |
| 2. Contractor | | | Builder's License No. | |
| 3. 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 and we agree to conform to all applicable laws of this jurisdiction.

| | | |
|------------------------|---------|------------------|
| Signature of applicant | Address | Application date |
|------------------------|---------|------------------|

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD - For office use

| 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 JURISDICTION 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 | | | | |
| OTHER _____ | | | | | OTHER _____ | | | | |

VII. VALIDATION

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Building Permit number _____ Building Permit issued _____ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____ | <p style="text-align: center; margin: 0;">FOR DEPARTMENT USE ONLY</p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____ |
| Approved by: _____ _____ TITLE | |

VIII. ZONING PLAN EXAMINERS NOTES

DISTRICT

USE

FRONT YARD

SIDE YARD

SIDE YARD

REAR YARD

NOTES

IX. SITE OR PLOT PLAN – *For Applicant Use*

