



SUBMISSION FOR COMMERCIAL BUILDING PERMIT CHECK LIST

- Zoning Permit
- Two Full Sets of Construction Plans with PA Professional Design Engineer Seal
- No Payment will be accepted until a permit has been issued.
- We only accept checks made payable to East Marlborough Township.
- Property Owner's Certificate and Indemnity Form
- Workers' Compensation Insurance Affidavit
- Building Permit Application

If you have any questions, contact:

Charlie Shock (Building Inspector/Zoning Officer)
610-220-9294 / shockey7@verizon.net

OR

Harry Williams (Building Inspector/Plans Examiner)
856-689-1263 / hjwil64@gmail.com

East Marlborough Township
721 Unionville Road
Kennett Square, PA 19348
610-444-0725



SUBMISSION FOR A COMMERCIAL ZONING PERMIT

Please fill the information out completely.

Applicant/Contractor Name: _____

Applicant/Contractor Email: _____

Applicant/Contractor Address: _____

Name of Property Owner: _____

Property Owner Phone Number: _____

Property Owner Email Address: _____

Location for which permit is requested for: _____

Tax Parcel Number: _____

Zoning District – Circle One:

Mixed Use

Commercial Highway

Commercial Village

Educational, Scientific, Institutional

Limited Industrial

Circle One:

New Construction

Renovation/Alteration

Accessory (deck, fence etc.)

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

Office Use Only

Date Received _____ Due Date _____ Permit Number _____

East Marlborough Township
721 Unionville Road
Kennett Square, PA 19348
610-444-0725

East Marlborough Township

Residential and Commercial Building Permit Application

721 Unionville Road, Kennett Square, PA 19348

610-444-0725

Office Use Only

Date Received _____

Date Due _____

Permit Number _____

Owner/Contractor/Architect or Engineer Information:

1.) Owner Name _____ Address _____

Phone # _____ Email Address _____

2.) Contractor _____ Address _____

Phone # _____ Email Address _____

PA Registration _____

3.) Architect or Engineer _____ Address _____

Phone # _____ Email Address _____

Location of Building:

Address _____

Tax Parcel #: _____ Zoning District _____ Lot# _____ Lot Size _____

Cost of Improvement:

Cost of Improvement _____ Plumbing _____ Heating/Air Conditioning _____

Other _____ Electrical _____ Total Cost of Improvement _____

Scope of Work (please be specific):

Residential Building Only:

Number of Bedrooms _____

Number of Bathrooms _____

Type of Sewage Disposal (please circle):

Public (EMT sewer)

Private (septic tank, etc.)

Type of Water (please circle):

Water Company

Private (well, cistern)

Dimensions:

Number of stories _____

Total square feet of floor area, all floors
based on exterior dimensions _____

Total land area, sq ft _____

Principal Type of Heating: (please circle):

Gas Oil Propane

Electricity Coal

Other _____

Number of Off-Street Parking Spaces:

Enclosed _____

Outdoors _____

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

(ADDENDUM TO BUILDING PERMIT APPLICATION)

A.) The applicant is:

Name of applicant: _____

Address: _____

Email address: _____

(a contractor within the meaning of the Pennsylvania Worker's Compensation Law)

- Yes
- No

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

B.) Insurance Information

Applicant is a qualified self-insurer for workers' compensation

- Certificate attached

Name of Worker's Compensation Insurer

Workers' Compensation 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 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 sears 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. The contractor is 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:

Date: _____

Signature of Notary: _____

I verify that my response to these questions are true and correct to the best of my knowledge, information and belief. I understand that false statements are subject to 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)

PROPERTY OWNER'S CERTIFICATION AND INDEMNITY

Name: _____

Address: _____

Tax Parcel #: _____

I/we 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 Pennsylvania Uniform Construction Code and its Amendments.

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 a 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 Signature: _____

Contractor Signature: _____