

East Marlborough Township

Chester County, Pennsylvania

SUBMISSIONS FOR PERMITS

DECKS, POOLS, ADDITIONS and for ACCESSORY BUILDINGS GREATER THAN 1000 SQUARE FEET

1. Building Permit Application
2. Zoning Permit Application
3. Two copies of plot plan with distance from proposed construction to property lines indicated
4. Two sets of construction plans
5. Property Owner's Certification and Indemnity Form
6. Worker's Compensation Insurance Affidavit
7. Fees to be paid when application is submitted

Pools – Above ground	\$70.00
In ground	\$425.00
Decks	\$350.00

8. Fees for structures/additions greater than 1000 square feet are based on square footage and are paid for after the permit is approved.

EAST MARLBOROUGH TOWNSHIP

RESIDENTIAL ZONING PERMIT

Name of Property Owner _____

Address of Property Owner _____

_____ Phone # _____

Zoning District _____ Tax Parcel # _____

Location for which permit is requested _____

Circle New Addition or
One: Construction Renovation Accessory

This permit must be accompanied by a sketch showing plot plan, existing structures and proposed construction

Set-Back Distances

	Front Yard	Rear Yard	Side Yards, Minimum and Aggregate
RB District	75 ft	60 ft	35 and 80 ft
MU, WMU Districts	75	50	25 and 35
Cluster	45	50	20 and 50
Non-Conforming Lots	40-60	50-60	20-25 and 40-60

Driveways.....5 ft. from property line
Accessory Buildings.....20 ft from property line (RB) and prohibited in front yard
Swimming Pools.....50 ft from rear and side property line and prohibited in front

For Building or Driveway Permit call: Ed Caudill 610-444-1375

Permit Approved _____ Date _____

Permit Number _____ Fee _____ Check # _____

East Marlborough Township
721 Unionville Road, Kennett Square, PA 19348
Jane R. Laslo, Zoning Officer 610-444-0725

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

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

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

A. TYPE OF IMPROVEMENT

- 1 ☐ New building
- 2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
- 3 ☐ Alteration (See 2 above)
- 4 ☐ Repair, replacement
- 5 ☐ Wrecking (If multifamily residential, enter number of units in building in Part D, 13)
- 6 ☐ Moving (relocation)
- 7 ☐ Foundation only

D. PROPOSED USE - For "Wrecking" most recent use

Residential

- 12 ☐ One family
- 13 ☐ Two or more family - Enter number of units - - - - -
- 14 ☐ Transient hotel, motel, or dormitory - Enter number of units - - - - -
- 15 ☐ Garage
- 16 ☐ Carport
- 17 ☐ Other - Specify _____

Nonresidential

- 18 ☐ Amusement, recreational
- 19 ☐ Church, other religious
- 20 ☐ Industrial
- 21 ☐ Parking garage
- 22 ☐ Service station, repair garage
- 23 ☐ Hospital, institutional
- 24 ☐ Office, bank, professional
- 25 ☐ Public utility
- 26 ☐ School, library, other educational
- 27 ☐ Stores, mercantile
- 28 ☐ Tanks, towers
- 29 ☐ Other - Specify _____

B. OWNERSHIP

- 8 ☐ Private (individual, corporation, nonprofit institution, etc.)
- 9 ☐ Public (Federal, State, or local government)

C. COST

10. Cost of improvement, \$
- To be installed but not included in the above cost
- a. Electrical, \$
- b. Plumbing, \$
- c. Heating, air conditioning, \$
- d. Other (elevator, etc.), \$

11. TOTAL COST OF IMPROVEMENT \$

(Omit cents)

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.

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.

E. PRINCIPAL TYPE OF FRAME

- 30 ☐ Masonry (wall bearing)
- 31 ☐ Wood frame
- 32 ☐ Structural steel
- 33 ☐ Reinforced concrete
- 34 ☐ Other - Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 40 ☐ Public or private company
- 41 ☐ Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 42 ☐ Public or private company
- 43 ☐ Private (well, cistern)

J. DIMENSIONS

48. Number of stories,
49. Total square feet of floor area, all floors, based on exterior dimensions,
50. Total land area, sq. ft.,

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed,
52. Outdoors,

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms,

54. Number of bathrooms { Full,
Partial,

F. PRINCIPAL TYPE OF HEATING FUEL

- 35 ☐ Gas
- 36 ☐ Oil
- 37 ☐ Electricity
- 38 ☐ Coal
- 39 ☐ Other - Specify _____

I. TYPE OF MECHANICAL

- Will there be central air conditioning?
- 44 ☐ Yes 45 ☐ No
- Will there be an elevator?
- 46 ☐ Yes 47 ☐ No

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
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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 \$ _____	FOR DEPARTMENT USE ONLY Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Approved by: _____ _____ TITLE	