

EAST MARLBOROUGH TOWNSHIP

SUBMISSION FOR A BUILDING PERMIT

1. ZONING PERMIT
2. SOIL AND EROSION PLAN
3. DRIVEWAY PERMIT
4. SEWAGE PERMIT
5. WELL PERMIT
6. TWO COPIES OF THE PLOT PLAN
7. TWO SETS OF CONSTRUCTION PLANS WITH SEAL AND SIGNATURE OF ARCHITECT OR STRUCTURAL ENGINEER
8. PROPERTY OWNER'S CERTIFICATION AND INDEMNITY FORM
9. WORKERS' COMPENSATION INSURANCE AFFIDAVIT
10. BUILDING PERMIT APPLICATION

IF YOU HAVE ANY QUESTIONS, CONTACT: CHARLIE SHOCK – BUILDING
INSPECTOR/ZONING OFFICER
AT 610-220-9294 OR shockey7@verizon.net

SCOTT MORAN: 610-637-1003

EAST MARLBOROUGH TOWNSHIP
721 UNIONVILLE ROAD
KENNETT SQUARE, PA 19348
610-444-0725 FAX 610-444-1380

EAST MARLBOROUGH TOWNSHIP

RESIDENTIAL ZONING PERMIT

Name of Property Owner _____

Address of Property Owner _____

E-mail of Owner _____ Phone # _____

Zoning District _____ Tax Parcel # _____

Location for which permit is requested _____

Circle One: New Construction Addition or 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 Permit/Zoning questions call: Charlie Shock 610-220-9294

Permit Approved _____ Date _____

Permit Number _____ Fee _____ Check # _____

East Marlborough Township
721 Unionville Road, Kennett Square, PA 19348
Laurie Prysock, Township Manager: 610-444-0725

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

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

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

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

- 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* _____

11. TOTAL COST OF IMPROVEMENT	\$
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53. Number of bedrooms.....

54. Number of
bathrooms

Full.....

Partial.....

Name

Mailing address - Number, street, city, and State

ZIP code

Tel. No.

Owner or
Sponsor

Inspector

Architect or
EngineerBuilder's
License No.

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

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 _____		\$					

I. 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 _____				

II. 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 _____

PLOT PLAN EXAMPLE

