

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 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 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 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 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 | | | |
| A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only | D. PROPOSED USE - For "Wrecking" most recent use <table style="width: 100%;"> <tr> <td style="width: 50%;"> Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ _____ _____ </td> <td style="width: 50%;"> Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ _____ _____ </td> </tr> </table> | Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ _____ _____ | Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ _____ _____ |
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| B. OWNERSHIP 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government) | C. COST (Omit cents) 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 \$ _____ | | |
| 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 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____ | G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> 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 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____ | I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> 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 |

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 _____ | | \$ | | | | | |

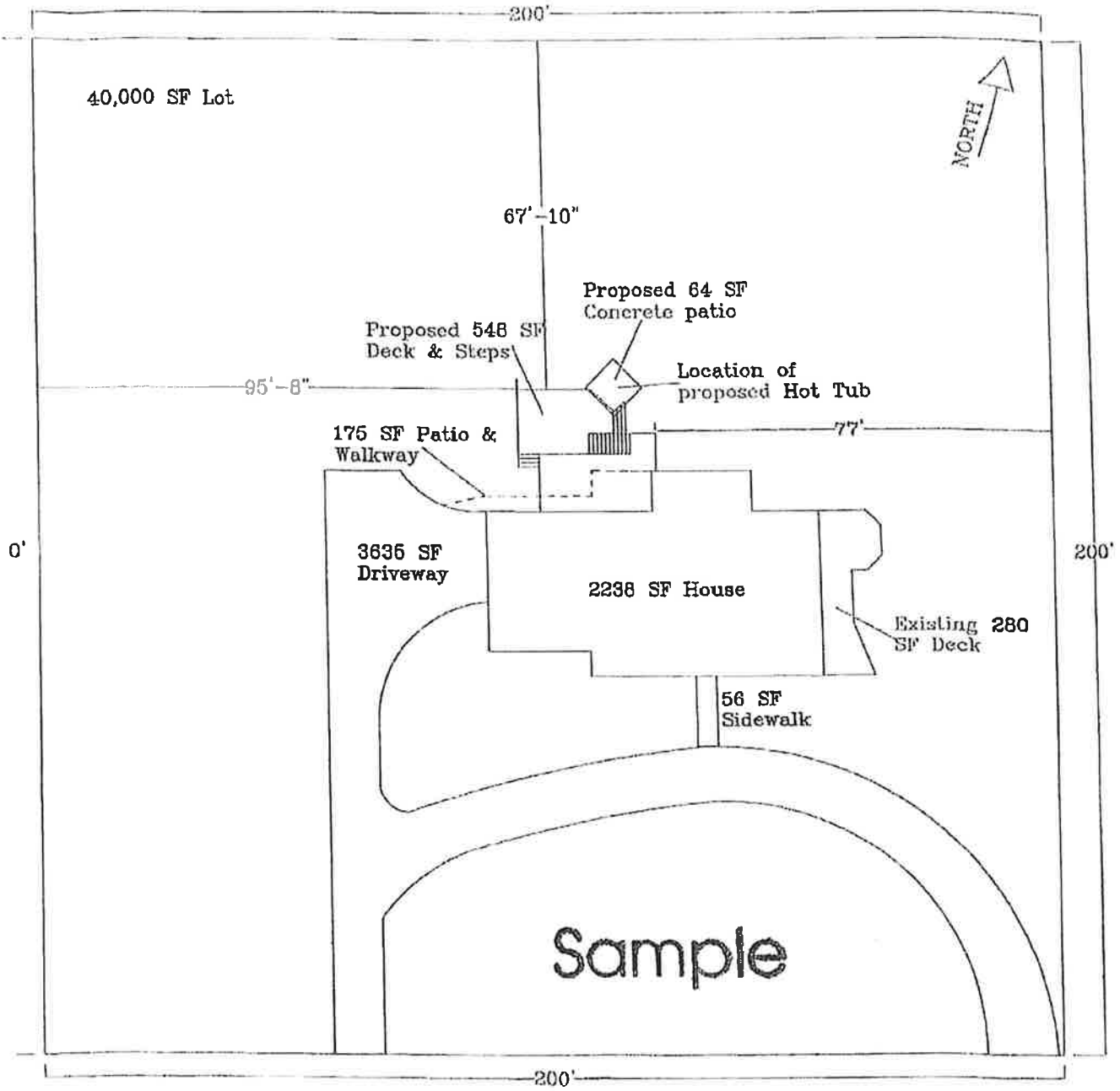
VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

| 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 | |

PLOT PLAN EXAMPLE



STREET

Don't Let Storm Water Run Off With Your Time and Money!

What the Construction Industry Should Know About Storm Water In Our Community

The construction industry plays an important role in improving our community's quality of life by not only providing new development, but also protecting our streams and rivers through smart business practices that prevent pollution from leaving construction sites.

Storm water runoff leaving construction sites can carry pollutants such as dirt, construction debris, oil, and paint off-site and into storm drains. In our community, storm drains carry storm water runoff directly to local creeks, streams, and rivers with no treatment. Developers, contractors, and homebuilders can help to prevent storm water pollution by taking the following steps:

1. Comply with storm water permit requirements.
2. Practice erosion control and pollution prevention practices to keep construction sites "clean."
3. Conduct advanced planning and training to ensure proper implementation on-site.

The remainder of this fact sheet addresses these three steps.

Storm Water Permit Requirements for Construction Activity

Planning and permitting requirements exist for construction activities. These requirements are intended to minimize storm water pollutants leaving construction sites.

- Pennsylvania's Erosion and Sediment Pollution Control Program (25 Pa. Code, Chapter 102) requires Erosion and Sediment Control Plans for all earth disturbing activities.
- The National Pollutant Discharge Elimination System (NPDES) Permit Program (25 Pa. Code, Chapter 92) requires that construction activities disturbing greater than one acre submit a Notice of Intent for coverage under a general NPDES permit.



Knowing your requirements before starting a project and following them during construction can save you time and money, and demonstrate that you are a partner in improving our community's quality of life. For more information about these programs, contact your local county conservation district office or the Department of Environmental Protection.

Erosion Control Practices:

- Perimeter controls (e.g. silt fence)
- Sediment traps
- Immediate revegetation
- Phased, minimized grading
- Construction entrance
- Protection of streams and drainage ways
- Inlet protection



An Example of Prevention

Rain that falls onto construction sites is likely to carry away soil particles and other toxic chemicals present on construction sites (oil, grease, hazardous wastes, fuel). Storm water, if not properly managed, carries these pollutants to streams, rivers, and lakes. Erosion and sediment control practices can serve as a first line of defense,

Pollution Prevention Practices:

- Designated fueling and vehicle maintenance area away from streams.
- Remove trash and litter.
- Clean up leaks immediately.
- Never wash down dirty pavement.
- Place dumpsters under cover.
- Dispose of all wastes properly.

minimizing clean up and maintenance costs, and the impacts to water resources caused by soil erosion during active construction. Erosion controls can reduce the volume of soil going into a sediment control device, such as a sediment trap, therefore, “clean out” frequencies are lower and maintenance costs are less. When possible, divert water around the construction site using berms or drainage ditches.

In addition, use pollution prevention and “good housekeeping measures” to reduce the pollution leaving construction sites as well. This can be as simple as minimizing the pollution source’s contact with rainwater by covering it, maintaining a “clean site” by reducing trash and waste, and keeping vehicles well maintained.

The Best Laid Plans

Plans such as erosion and sediment control plans and storm water pollution prevention plans are important tools for outlining the erosion control and pollution prevention practices that you will use to manage storm water runoff prior to breaking ground. Developing good plans allows for proper budgeting and planning for the life of the project. Proper installation and maintenance of erosion and storm water controls is essential to a plan that works. Training for on-site staff helps to ensure the proper installation and maintenance of erosion controls and pollution prevention practices. Inspect controls and management techniques regularly to ensure they are working, especially after storm events. If polluted storm water is leaving the site, you may need to repair or add additional storm water controls.



The Bigger Storm Water Picture

Your community is preventing storm water pollution through a comprehensive storm water management program. This program addresses storm water pollution from construction, but it also deals with new development, illegal dumping to the storm sewer system, and municipal operations. It will also continue to educate the community and get everyone involved in making sure the only thing that storm water contributes to our streams is . . . water! Contact your community or the Pennsylvania Department of Environmental Protection for more information about storm water management.

For more information:

Pennsylvania Association of Conservation District's:
<http://www.pacd.org/default.html>

Pennsylvania Handbook of Best Management Practices for Developing Areas:
http://www.pacd.org/products/bmp/bmp_handbook.html

Storm Water Manager's Resource Center:
<http://www.stormwatercenter.net>

Pennsylvania Department of Environmental Protection:
<http://www.dep.state.pa.us>



COUNTY OF CHESTER ASSESSMENT OFFICE

313 W. MARKET STREET, SUITE 4202, P.O. BOX 2748, WEST CHESTER, PA 19380-0991

610-344-6105
Fax 610-344-5902
www.chesco.org

JONATHAN B. SCHUCK, MBA CPE
Director of Assessment

Dear Property Owner:

As you have applied for a building permit from your municipality, the county Assessment Office would like to advise you of the steps surrounding our involvement in the process. We would like to make sure that you are aware of what will take place during construction and after the improvement is finished.

- 1) The municipality is required to supply a list of all building and zoning permits to the Assessment Office monthly.
- 2) An assessor will visit your property when they are in your municipality (generally rotate through every 2 – 3 months).
- 3) When arriving at your property, the assessor will come to the front door and identify themselves wearing a Chester County I. D. badge and will present a business card. They will ask you questions about the building permit and may need to measure the improvements (from the outside).
- 4) If you are not home when the assessor arrives, a business card will be left with a note on the flip side of the card. The assessor will proceed to the improvement and measure if the work is sufficiently complete. Otherwise they will mark it for a revisit the next time they are in the municipality.
- 5) Please cooperate with the assessor, as he or she is simply trying to get the correct information about your improvement, so there will be no mistakes on the county record.
- 6) After the construction is finished or 30 months has elapsed your improvement will be assessed and added to your property record card.
- 7) You will receive a notice from our office changing your assessment reflecting the addition of the new improvement. If you require more information please call our office at 610-344-6105 and ask to speak to the assessor assigned to your municipality.

It is the intention of this letter to inform you of the assessment process so that you realize that we will be visiting your property. Please note that due to time constraints we generally **do not make appointments**, unless absolutely necessary. Please be patient when an assessor knocks on your door and answer any questions to the best of your ability. Thank you for your anticipated cooperation.

Sincerely,
Jonathan B. Schuck
Director
Susan L. Caldwell, CPE.
Chief Assessor

Chester County
Assessment Office

610-344-6494
Toll Free: 1-800-692-1100
Fax: 610-344-5902



Monica Snyder, CPE
Real Estate Appraiser II

e-mail: msnyder@chesco.org

Taxing Authority-please run additional copies c

313 W. Market St., Suite 4202, P.O. Box 2748
West Chester, PA 19380-0991