

BUILDING PERMIT INSTRUCTIONS

The Building Permit Application provided is to be used whenever UCC (Uniform Construction Code) requirements are applicable.

This may be in conjunction with other permits.

Also required:

- A detailed description of the work being performed
- Plot Plan showing set back information
- PA Contractor's Registration number (if applicable)
- Income Tax Certificate of Registration for Contractors and Subcontractors
- Workers Compensations Insurance Coverage Information
 - a. If Home Owner is doing the work, signify on form
 - b. Contractor shall Provide Certificate of Liability Insurance naming as Certificate Holder:

**KENNETT TOWNSHIP
801 BURROWS RUN ROAD
CHADDS FORD, PA 19317**

Note: When the Building Permit is combined with additional permit applications, only one (1) Workers Compenstation Form and accompanying insurance information is necessary.

Date Submitted: _____
 Final Approval Date: _____

KENNETT TOWNSHIP BUILDING PERMIT

Building Fee	
Zoning Fee	
Occupancy Fee	
Driveway Fee	
Act 45 Fee	\$4
Contractor Registration Fee	
Engineer Review Fee	

Building Permit No.: _____

Building Permit Fee: _____

Tax Parcel # 62-_____

Zoning District: _____

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

I. Location of Building

At Location _____
(No.) (Street)
 Between _____ and _____
(Cross street) (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 all 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 part D, 13)
- 6 Moving (relocation)
- 7 Foundation only

B. Ownership

- 8 Private (individual, corporation, nonprofit institution, etc.)
- 9 Public (federal, state, or local government)

D. Proposed Use – For “Wrecking” most recent use

Residential		Nonresidential	
12	One Family	18	Amusement, recreational
13	Two or more – Enter number of units _____	19	Church, other religious
14	Transient hotel, motel, or dormitory – enter number of units _____	20	Industrial
15	Garage	21	Parking Garage
16	Carport	22	Service station, repair garage
17	Other-specify _____	23	Hospital, institutional
	_____	24	Office, bank, professional
	_____	25	Public utility
	_____	26	School, library, other educational
	_____	27	Stores, mercantile
	_____	28	Tanks, towers
	_____	29	Other-specify _____

C. Cost

- 10. Cost of improvement (Omit cents) _____
- 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 _____

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. Use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING

For new buildings and editions, 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)

I. Type of Mechanical

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

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 _____

E. Principal Type of Heating Fuel

- 35 Gas 38 Coal
- 36 Oil 39 Other ↓
- 37 Electricity

L. Residential Buildings Only

- 53. Number of bedrooms _____
- 54. Number of bathrooms – Full _____
- Partial _____

IV. IDENTIFICATION - To be completed by all applicants				
Name		Mailing address-number, street, city, and state	ZIP Code	Tel No.
Owner or Lessee				
Contractor			Builder's License #	
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. All information on this application will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniformed Construction Code) and any additional applicable codes, ordinances and regulations of Kennett Township. I understand issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of Kennett Township or any other governing body. I understand that calls for inspections in accordance with UCC procedures are the responsibility of the Applicant, as well as all fees associated with the permit. I/We understand that no one may occupy the structure (or portion thereof) until a UCC Certificate of Occupancy has been issued. I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant	Address	Application Date
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DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD - FOR OFFICE USE ONLY							
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 JURISDICTIONAL 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/DEMO				
OTHER					OTHER				

VII. VALIDATION	
Permit Denied on Date: Reason for Denial: _____ _____ _____	Approval: _____ <i>(Signature)</i> _____ <i>(Print Name)</i> Kennett Township Code Enforcement Officer

Income Tax Certificate of Registration for Contractors and Subcontractors



Kennett Township Earned Income Tax, Ordinance 209, which requires all contractors working within Kennett Township to file a Certificate of Registration with Kennett Township. Building Permits will not be issued without the Certificate of Registration.

Trade Name _____ Owner(s) _____
 Address _____ City _____ State _____ Zip _____
 FED ID# _____ Soc Sec # _____ (if no FED #)
 Phone # _____ Fax # _____ Email _____

Nature of Business _____ Job Location _____
 Starting Date _____ Projected Finish Date _____ Cost of Job _____

Residential Commercial Both Accounting Year Dec 31 Fiscal Year-end Month _____

Any subcontractors? Yes No (if yes, please list names and addresses below)

Name _____ Address _____
 Name _____ Address _____
 Name _____ Address _____
 Name _____ Address _____

Will you have employees working in Kennett Township limits? Yes No

If the answer is yes, you are required to withhold 1% of their gross wages for Kennett Township income tax

WITHHOLDING FORMS

BUSINESS NET PROFIT/LOSS FORM

Name _____

Name _____

Address _____

Address _____

Cost of Registration: \$5.00 (jobs to \$5000)
 \$25.00 (jobs from \$5000-\$50,000)
 \$50.00 (jobs over \$50,000)

Kennett Township 610-388-1300 (T)
 801 Burrows Run Rd. 610-388-0461 (F)
 Chadds Ford PA 19317 kennett.twp@kennett.pa.us

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION
(attach to building permit application)

A. The Applicant is

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

YES NO

If the answer is "yes", complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant: _____

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.: _____

Certification attached

Policy Expiration Date: _____

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 provisions 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 Public)

My commission expires: _____

Signature of Applicant _____

Address _____

County of _____

Municipality of _____

(Seal)