

WEST VINCENT TOWNSHIP

ALTERNATIVE ENERGY SOURCES PERMIT APPLICATION

LOCATION OF PROPOSED STRUCTURE:

Permit # _____

County: Municipality: _____ Zoning District _____

Site Address: _____ Tax Parcel # _____

Lot # _____ Subdivision/Land Development: _____ Phase: _____ Section: _____

Owner: _____ Phone # _____ Fax* _____

Mailing Address: _____ Cell: _____

Principal Contractor: _____ Phone # _____ Fax # _____

Mailing Address: _____ Cell: _____

Design Professional: _____ Phone # _____ Fax # _____

Mailing Address: _____ Cell: _____

TYPE OF WORK OR IMPROVEMENT: Roof mounted Ground mounted Other

TYPE OF WATER SUPPLY: Public Private (well)

USE: (circle): Residential Commercial Industrial Other _____

Type of Installation (circle): New Alteration Repair Other _____

Service: Job #: _____

Amperage: Phase: _____

Describe all proposed work: _____

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ _____

NOTE:

1. All applications must be accompanied by specifications of all equipment to be installed.
2. All residential roof mounted equipment applications must be accompanied by details of the roof structure, (framing details, type of roof and lumber species, finish with ceiling or open rafters) and mounting details (unit weight and dimensions). Identify any other existing equipment mounted on the roof, if so, estimated size, location and weight.
3. All commercial applications must be accompanied by drawings signed and sealed by a licensed architect or professional engineer.
4. All ground mounted equipment applications must be accompanied by Manufacturer's Specifications and Installation Requirements. If not pre-engineered by Manufacturer, then the application must be accompanied by signed and sealed engineered drawings.

**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

B. Insurance Information:

Name of Applicant _____

Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for workers' compensation
_____ Certified attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____
_____ Certified 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.**

VERIFICATION

The undersigned applicant verifies that the facts set forth in Section A, B and C above are true and correct to the best of my knowledge, information and belief. I further understand that the said statements herein are made subject to the penalties of 18 Pa. C.S.A., Section 4904, relating to unsworn falsification to authorities.

Applicant

Address: _____
