

WEST VINCENT TOWNSHIP
CHESTER COUNTY, PENNSYLVANIA
729 SAINT MATTHEWS ROAD
CHESTER SPRINGS, PA 19425
Phone: (610) 458-1601 Fax: (610) 458-1603
www.westvincenttp.org

ZONING PERMIT APPLICATION

The owner/applicant must provide all of the information requested on this form. Provide a Plot Plan showing lot size, property lines, setbacks, dimensions of the project, impervious coverages, existing features, proposed work, etc.... NO APPLICATION WILL BE ACCEPTED WHICH IS INCOMPLETE AND/OR WHICH IS SUBMITTED WITHOUT THE REQUIRED REVIEW FEE(S). THE REVIEW FEE(S) MUST BE RECEIVED BY THE TOWNSHIP WITH THE APPLICATION.

Location of Work:

Address: _____

Tax Parcel #: _____ Site Location: _____
Lot # Subdivision/Land Development

Contact Information:

Name of Owner Address

Phone Number Email

Name of Applicant Address

Phone Number Email

Name of Contractor Address

Phone Number Email

Name of Architect/Engineer Address

Phone Number Email

Type of Work or Improvement (Check all that apply):

- Agricultural Deck, <30" Park/Recreational Sign Accessory
 Boarding Stables Shed Patio Other _____

Describe the Proposed Work:

Estimated Cost of Construction (Reasonable fair market value) \$ _____

Zoning Compliance:

Is your property within any of the following districts:

- R-2 Residential PC/LI Com/Limited Ind KV Kimber Village RM Residential Mix
 R-3 Residential VCR Village Center BV Birchrunville Other _____

Minimum setbacks required by zoning ordinance (ft.):

Front: _____ Rear _____ Right Side _____ Left Side _____

Site Feature Dimensions:

Existing Building Area: _____ sq. ft. Number of Stories: _____
 Proposed Building Area: _____ sq. ft. Height of Structure Above Grade: _____ ft.
 Total Building Area: _____ sq. ft. Area of the Largest Floor: _____ sq. ft.
 Total Existing Impervious: _____ sq. ft.

Floodplain:

- Is the site located within an identified flood prone area? Yes No N/A
 Will any portion of the flood prone area be developed? Yes No N/A

If "yes", attach one (1) of the flood hazard certifications mandated in section 1612.5 of the International Building Code.

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3 (d).

Wetlands:

- Is the site located within an identified wetland area? Yes No
 Will any portion of the wetland area be developed? Yes No N/A

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the Commonwealth of Pennsylvania Department of Environmental Protection (25 PA. Code Chapter 105).

TOWNSHIP USE ONLY BELOW THIS LINE

PERMIT NO.: _____

DATE ISSUED: _____

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: _____
