



Building & Zoning Department
 729 Saint Matthews Road
 Chester Springs, Pa 19425
 Phone: 610-458-1601
 Fax: 610-458-1603
www.westvincentwp.org

Permit No.: _____

WEST VINCENT TOWNSHIP ALTERNATIVE ENERGY SOURCES PERMIT APPLICATION

Date of Application: _____

PART 1 – LOCATION OF PROPOSED STRUCTURE			
County:	Municipality:	Zoning District:	
Site Address:			
Tax Parcel Identification Number of Property:			Lot #:
Subdivision/Land Development :		Phase:	Section:
PART 3 – PROPERTY OWNER INFORMATION			
Owner Name (person or entity that owns the property on which the proposed Regulated Activity is located):			
Street Address of Owner:			
City, State and Zip Code of Owner:			
Telephone Number of Owner:		Email Address of Owner:	
PART 4 – APPLICANT’S CONTRACTOR INFORMATION			
Name of Contractor:			
Street Address of Contractor:			
City, State and Zip Code of Contractor:			
Telephone Number of Contractor:		Email Address of Contractor:	



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PART 5 – APPLICANT’S DESIGN INFORMATION

Name of Design Professional: _____

Street Address of Design Professional: _____

City, State and Zip Code of Design Professional: _____

Telephone Number of Design Professional: _____	Email of Design Professional: _____
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PART 6 – TYPE OF WORK OR IMPROVEMENT

Roof Mounted Ground Mounted Other: _____

Type of Water Supply: Public Private (well)

Use: Residential Commercial Industrial Other: _____

Type of Installation: New Alteration Repair Other: _____

Service: Job #: _____

Amperage: _____	Phase: _____
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PART 8 – DESCRIBE ALL PROPOSED WORK

Estimated Cost of Construction: \$ _____

PART 9 – NOTE FOR APPLICANT

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.



Permit No.: _____

PART10 – WORKERS COMPENSATION INSURANCE COVERAGE									
A.	The applicant is a contractor within the meaning of Pennsylvania Worker’s Comp Law: <input type="checkbox"/> Yes <input type="checkbox"/> No								
B.	Insurance Information								
	<table border="1"> <tr> <td>Name of Applicant:</td> <td>Federal or State Employer ID#:</td> </tr> <tr> <td>Applicant is qualified self-insurer for workers’ compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">Name of Worker’s Compensation Insurer:</td> </tr> <tr> <td>Worker’s Compensation Insurance Policy #:</td> <td>Policy Expiration Date:</td> </tr> </table>	Name of Applicant:	Federal or State Employer ID#:	Applicant is qualified self-insurer for workers’ compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Worker’s Compensation Insurer:		Worker’s Compensation Insurance Policy #:	Policy Expiration Date:
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Name of Worker’s Compensation Insurer:									
Worker’s Compensation Insurance Policy #:	Policy Expiration Date:								
C.	<p>Exemption:</p> <p>Complete section C If applicant is a contractor claiming exemption from providing workers’ compensation insurance.</p> <p>The undersigned swears or affirms the he/she is not required to provide workers’ compensation insurance under the provisions of the PA Workers Compensation Law for one of the following reasons as indicated:</p> <p><input type="checkbox"/> Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this permit.</p> <p><input type="checkbox"/> Religious Exemption under Workers Compensation Law.</p>								
D.	<p>Verification:</p> <p>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.</p>								
<table border="1"> <tr> <td>Name of Applicant and Signature</td> <td>Date (dd/mm/yyyy)</td> </tr> <tr> <td>Street Address</td> <td>City, State, Zip</td> </tr> <tr> <td>Phone Number</td> <td>Email Address</td> </tr> </table>		Name of Applicant and Signature	Date (dd/mm/yyyy)	Street Address	City, State, Zip	Phone Number	Email Address		
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