

TOWNSHIP of EAST VINCENT

BUILDING PERMIT

PERMIT No. 20 _____ - _____ - **B**

TYPE OF WORK OR IMPROVEMENT: *Check all that apply*

1. New Bldg. Addition Alteration Accessory structure (<1000 ft²) Accessory structure (>1000 ft²) Deck
 Patio Covered deck or patio Electrical Plumbing Mechanical Swimming Pool Basement Attic
 Sign Grading Demolition Change of Use Other _____

2. Street address of work site: _____ UPI No. _____

3. Current Use of Property _____ Zoning District _____

4. Lot Area _____ Existing impervious cover (sq. ft.) * _____ Proposed additional cover (sq. ft.) _____

* Includes aggregate ft² area of principal structure(s), accessory structures, sheds, decks, patios, swimming pools, driveways, walkways, etc.

5. Property Owner _____ Phone No. _____

Address/City/State/Zip _____ Email: _____

6. Describe the proposed work: _____

_____ (attach detailed drawings).

7. Setbacks from lot lines: Front _____ Rear _____ Left side _____ Right side _____

8. Source of water: PA American Water Co. _____ or Private (on lot) _____ CC Health Dept. Permit No. _____

9. Method of sewage disposal: EVWS _____ or Private (on lot) _____ CC Health Dept. Permit No. _____

10. Contractors / Suppliers (identify and list on page 2 and the separate page provided. Registration and fees may be required.

11. Estimated Construction/ Occupancy Period: Start _____ Estimated length of construction _____

12. **Total** Cost of Construction \$ _____ [Provide copy of contract(s) or contractor's written estimate(s) of cost.
Include total cost of all contracts and materials, e.g., electrical, mechanical, plumbing, excavating, decks, walkways, appliances, etc.]

All permits from other agencies/departments, e.g., Zoning permit; well and sewer permits from Chester Co. Heath Dept., NPDES Permit from Chester Co. Conservation District; East Vincent Wastewater Services sewer tapping fee and connection permits, etc., if required, must be applied for, obtained, and submitted with this permit application. No permit shall be issued for construction or occupancy without these approved documents.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the approved construction documents and PA Act 45 (Pennsylvania Construction Code) and any additional approved building code requirements adopted by East Vincent Township. The property owner and/or applicant assumes all responsibility of locating all property lines, setback lines, easements, rights of way, flood areas, etc. 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, rules, regulations or ordinances of East Vincent Township or any other governing body. The applicant certifies he/she understands his/her responsibility to comply with all applicable codes, ordinances and regulations of East Vincent Township, state and federal governing bodies.

UNDER PENALTIES OF PERJURY, THE ABOVE
REPRESENTED TO BE TRUE AND CORRECT

Property Owner's Signature _____

Call Property Owner when permit is ready

Contractor/Applicant's signature * _____

Call Contractor when permit is ready

* Property owner must provide written permission identifying applicant as his/her representative.

NOTE: Incomplete Applications May Be Denied and Returned to Applicant at his or her expense.

Building Code Official

Date

TOWNSHIP of EAST VINCENT – RE:-PERMITS for Building Permit No.

Each permit application for work permits listed below, unless waived by the Building Code Official, must provide a scope of work that identifies equipment, services and **contract cost**. The Building Code Official may require additional information, e.g., drawings, load calculation sheet, product specifications and literature before a permit is approved.

PLUMBING PERMIT: For a contract/estimated cost of \$ _____, a **master plumber** (licensed in the state of Pennsylvania) will provide the following materials and services: Attach an itemized list of materials or quotation. Submit a riser diagram identifying major components, materials and pipe sizes for review and approval.

Firm Name: _____ East Vincent Twp. Reg. No. _____
Complete Address _____
Contact Person _____ Phone Nos. _____
General Liability Insurance? Y / N Workers' Compensation Insurance? Y / N* [*If "No", then submit affidavit]

MECHANICAL PERMIT: For a contract/estimated cost of \$ _____, the mechanical contractor/installer will provide the following materials and services: Attach an itemized list of materials or quotation. Submit make, model and specifications (Btu capacity, tonnage, etc.) of major equipment items. Submit a Manual J cooling/heating load calculation for new construction and additions (including basements and attics upgrades to habitable space).

Firm Name: _____ PA HIC# / Twp. No. _____
Complete Address _____
Contact Person _____ Phone Nos. _____
General Liability Insurance? Y / N Workers' Compensation Insurance? Y / N* [*If "No", then submit affidavit]

ELECTRICAL PERMIT: For a contract/estimated cost of \$ _____, the electrical contractor/installer will provide the following materials and services: Attach an itemized list of materials or copy of contractor's quotation. Submit floor plan/plan view drawings for review and approval. Swimming pool, solar and all non-residential contractors shall submit electrical drawings identifying devices and wiring diagrams approved by a certified PA Uniform Construction Code electrical underwriter. Additional information, e.g., load calculations, materials, devices, electrical schematics, drawings may be requested.

Firm Name: _____ PA HIC# / Twp. No. _____
Complete Address _____
Contact Person _____ Phone Nos. _____
General Liability Insurance? Y / N Workers' Compensation Insurance? Y / N* [*If "No", then submit affidavit]

CONTRACTOR INFORMATION :

Unless the property owner, himself, is performing **all** work, the following information shall be provided. Each contractor shall be identified and provide **his name, address, phone numbers and proof of insurances and PA HIC # to East Vincent Township prior to beginning work on any permit.** Attach insurance certificate (including Workers Compensation or notarized affidavit) for each contractor. East Vincent Township shall be named as the certificate holder. Contractors shall provide a list of on-site sub-contractors for each permit.

*NOTE: Permits for new single family dwelling and townhouses, and all non-residential work require contractors to register separately and pay a registration fee. Contractors who do not have a PA HIC# also must register separately and pay a registration fee. Plumbers shall register and pay a registration fee for **all** plumbing permits.

General Contractor or Developer :

Firm Name: _____ PA HIC# / Twp. No.* _____
Complete Address (Street/City/State/Zip) _____
Contact Person _____ Phone Nos. _____
General Liability Insurance? Y / N Workers' Compensation Insurance? Y / N* [*If "no", then submit affidavit]

ADDITIONAL CONTRACTORS:

Excavation Contractor:

Firm Name: _____ PA HIC# / Twp. No.* _____
Complete Address _____
Contact Person _____ Phone Nos. _____
General Liability Insurance? Y / N Workers' Compensation Insurance? Y / N

Concrete/Masonry Contractor:

Firm Name: _____ PA HIC# / Twp. No.* _____
Complete Address _____
Contact Person _____ Phone Nos. _____
General Liability Insurance? Y / N Workers' Compensation Insurance? Y / N

Framing Contractor :

Firm Name: _____ PA HIC# / Twp. No.* _____
Complete Address _____
Contact Person _____ Phone Nos. _____
General Liability Insurance? Y / N Workers' Compensation Insurance? Y / N

Contractor :

Firm Name: _____ PA HIC# / Twp. No.* _____
Complete Address _____
Contact Person _____ Phone Nos. _____
General Liability Insurance? Y / N Workers' Compensation Insurance? Y / N

Contractor:

Firm Name: _____ PA HIC# / Twp. No.* _____
Complete Address _____
Contact Person _____ Phone Nos. _____
General Liability Insurance? Y / N Workers' Compensation Insurance? Y / N

Contractor:

Firm Name: _____ PA HIC# / Twp. No.* _____
Complete Address _____
Contact Person _____ Phone Nos. _____
General Liability Insurance? Y / N Workers' Compensation Insurance? Y / N

Contractor:

Firm Name: _____ PA HIC# / Twp. No.* _____
Complete Address _____
Contact Person _____ Phone Nos. _____
General Liability Insurance? Y / N Workers' Compensation Insurance? Y / N

Contractor:

Firm Name: _____ PA HIC# / Twp. No.* _____
Complete Address _____
Contact Person _____ Phone Nos. _____
General Liability Insurance? Y / N Workers' Compensation Insurance? Y / N

Contractor:

Firm Name: _____ PA HIC# / Twp. No.* _____
Complete Address _____
Contact Person _____ Phone Nos. _____
General Liability Insurance? Y / N Workers' Compensation Insurance? Y / N

List information for additional contractors on the back of this form