

LTL CONSULTANTS, LTD – (610-987-9290)

PERMIT APPLICATION CHECKLIST

Zoning Permit:

- Complete the Zoning/Building Permit Application.
- Provide a plot plan showing all structures, including sizes, located on the property along with the distance of the structures to each property line. Please note the location of the septic system, well, and any easements on the property.
- Sign the Permit Terms and Conditions

Residential Building Permit:

- Complete the Zoning/Building Permit Application. If electrical, plumbing, and/or mechanical work is being performed, please be sure to complete all appropriate applications. Submit workers compensation insurance for each contractor.
- Complete the driveway and/or well application (if applicable)
- Provide a plot plan showing all structures, including sizes, located on the property along with the distance of the structures to each property line. Please note the location of the septic system, well, and any easements on the property.
- Provide two (2) copies of the building plans.
- Provide proof of EDU from the Sewer Authority or On-Lot Septic permit from the Chester County Health Department (if applicable)
- Provide Highway Occupancy Permit from PennDot (if applicable)
- Provide approval from Water Authority for public water connection (if applicable)
- Provide Stormwater Management Permit (if applicable)
- Sign the Permit Terms and Conditions
- Provide Erosion & Sediment Control Plan approval from Chester County Conservation District (if applicable)

Additional information/documents may be required depending on the type of construction.

CALL BEFORE YOU DIG, MAKE A PA ONE CALL - Dial 811

ZONING/BUILDING PERMIT APPLICATION

Please provide a plot plan showing all structures and distances to the property lines.
Two (2) sets of building plans must be submitted with the application for Residential Projects.
Three (3) sets of building plans must be submitted with the application for Commercial Projects.

County: Chester Municipality: Franklin

Site Address: _____

UPI #: _____

Owner/Applicant Name: _____ Phone #: _____

Mailing Address: _____

E-Mail: _____

CALL ME WHEN PERMIT IS READY

Principal Contractor: _____ Phone #: _____

Mailing Address: _____

E-Mail: _____ PA Contractor Registration #: _____

CALL ME WHEN PERMIT IS READY

Architect (if applicable): _____ Phone #: _____

Mailing Address: _____

E-Mail: _____

PROPERTY CHARACTERISTICS:

Residential Property (Single-Family Dwelling, Two-Family Dwelling, Townhouse)

Commercial Property – Specific Use _____

Utilities: Water Service: Public / Private Sewer Service: Public / Private (Circle One)

Existing Impervious Area: _____ Sq. Ft. Total Earth Disturbance _____ Sq. Ft.

New Impervious Area created: _____ Sq. Ft.

A Stormwater Management Permit may be required for the new impervious area added.

Is the property located in a Floodplain or Flood Hazard Area? YES / NO

Is the property located in a Historical District? YES / NO

Is the property enrolled in the Agricultural Conservation Easement (ACE) program? YES / NO

TYPE OF WORK: (check all that apply)

New Building Addition Renovation Repair Demolition Sign

Deck/Patio Swimming Pool Accessory Structure Fence Other _____

Describe the proposed work _____

Size of Structure: _____ Height of Structure: _____

ESTIMATED COST: (Reasonable fair market value) \$ _____ (**REQUIRED**)

- OFFICIAL USE ONLY -

STORMWATER APP&ESCROW FEES PAID: Check # _____ Amount \$ _____ Date: _____

PERMIT TERMS AND CONDITIONS

The Owner/Applicant certifies that all information on this application is correct and the work will be completed in accordance with the approved construction documents, PA Act 45 of 1999 (Uniform Construction Code), Act 247 of 1968 as amended (Municipalities Planning Code), and any additional approved building code requirements adopted by the Municipality. The property Owner/Applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way and flood areas. 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 the Municipality or any other governing body. The Owner/Applicant certifies he/she understands all the applicable codes, ordinances and regulations and is responsible for all review costs incurred for the proposed project.

Building and zoning permits are valid for one year from the date of issue. Construction must be started within 180 days of issue. Permits may be extended only once by making application and paying an extension fee prior to expiration of the original permit.

In consideration of the issuance of a permit to the undersigned the Owner/Applicant acknowledges that, in reviewing plans and specifications, in issuing permits, and in periodically inspecting work of the Owner/Applicant, employees of The Municipality and LTL Consultants, Ltd. are only performing their duties to require compliance with the minimum requirements of the applicable Ordinances of The Municipality pursuant to the policy power of The Municipality and are not warranting to the Owner/Applicant or to any third party the quality or adequacy of the design, engineering or construction work of the Owner/Applicant. Owner/Applicant further acknowledges that it will not be possible for The Municipality or LTL Consultants, Ltd. to review every aspect of Owner/Applicant's design and engineering or to inspect every aspect of Owner/Applicant's construction work. Accordingly, neither The Municipality, LTL Consultants, Ltd. nor any of its elected or appointed officials or employees shall have any liability to the Owner/Applicant for defects or shortcomings in such design, engineering or construction work, even if it is alleged that such defects or shortcomings should have been discovered during The Municipality's or LTL Consultants review or periodic inspection.

Furthermore, the Owner/Applicant agrees to defend, hold harmless and indemnify LTL Consultants, Ltd, The Municipality, its' elected and appointed officials and employees from and against any and all claims, demands, actions, and causes of action of any one or more third parties arising out of or relating to The Municipality's or LTL Consultants, Ltd review or periodic inspection of the Owner/Applicant's design, engineering or construction work, or issuance of a permit or permits, or arising out of or relating to the design, engineering or construction work done by Owner/Applicant pursuant to such permit or permits. All references in these Terms and Conditions is to Owner/Applicant's employees, agents, independent contractors, subcontractors or any other person or entities performing work pursuant to the issuance of the building or grading permit by The Municipality.

Application for a permit shall be made by the Owner of the building or structure, and agent (if different than the owner).

I certify the Municipal Code Administrator or LTL Consultants, Ltd. 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 Property Owner (required)

Signature of Authorized Agent (if different than Owner)

Printed Name of Property Owner

Print Name of Authorized Agent

Address

Date

Address

Date

Last Revised December 27, 2017

REFER TO CHECKLIST TO DETERMINE ADDITIONAL APPLICATION REQUIREMENTS

ELECTRICAL PERMIT APPLICATION

County: Chester Municipality: Franklin
Site Address: _____

Owner/Applicant Name: _____ Phone #: _____
Mailing Address: _____
E-Mail: _____
 CALL ME WHEN PERMIT IS READY

Principal Contractor: _____ Phone #: _____
Mailing Address: _____
E-Mail: _____ PA Contractor Registration # _____
 CALL ME WHEN PERMIT IS READY

PROPERTY CHARACTERISTICS:

- Residential Property (Single-Family Dwelling, Two-Family Dwelling, Townhouse)
 Commercial Property – Specific Use _____
Name of Electric Company _____

TYPE OF WORK:

- New Building Addition Renovation Repair
 Service (Size: _____ Electrical Job # _____)
 Generator (Size _____)
 Other _____

Amps _____ Phase _____ Voltage _____ Overhead Underground

Description of work: _____

Estimated Cost (*Reasonable fair market value*) \$ _____

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge, and furthermore the property owner has authorized the work.

I certify 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.

Applicant's Signature: _____ Date: _____

Workers' Compensation Insurance Coverage Information

- A. Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law?
 Yes No

If the answer is "yes", complete **Sections B, C, D, and E** below as appropriate.
If the answer is "no", complete **Section E**.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for workers' compensation.
 Check if Certificate is attached.

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy Number _____
 Check if Certificate is attached.

Policy Expiration Date _____

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- C. Is the applicant using any subcontractor(s) on this project? Yes No

If the answer is "yes", the applicant hereby certifies that any and all subcontractors have presented proof to the applicant of insurance under the Pennsylvania Workers' Compensation Act.

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- D. Exemption: Complete **Section D** 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 worker's compensation insurance under the provisions of the Pennsylvania Worker's 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: _____
(Seal)

E. Signature required for all applicants

Signature of Applicant _____

Address _____

County _____ Municipality of _____