

Township of Chester

1150 Engle Street

Chester, Pennsylvania 19013-2418

Phone 610-494-4149

Fax 610-494-4914

APPROVED BY: _____

PERMIT NUMBER: _____

CONTRACTOR'S LICENSE NUMBER: _____

FEE: _____

\$4.50 STATE FEE REQUIRED ON ALL PERMITS

BUILDING, PLUMBING, ELECTRICAL, MECHANICAL APPLICATION:
ALTERATIONS, REPAIRS, FENCES, DEMOLITION, ETC.

FEE SCHEDULE

RESIDENTIAL: \$75 FIRST \$1,000
 \$15 EACH ADDITIONAL \$1,000 OR PART THEREOF

COMMERCIAL: \$125 FIRST \$1,000
 \$25 EACH ADDITIONAL \$1,000 OR PART THEREOF

LIST ADDRESS OF PROPERTY IN QUESTION:

GIVE DEFINITE PARTICULARS AS TO PROPOSED WORK AND MATERIAL USED:

VALUE OF JOB: _____ TIME TO COMMENCE: _____

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S ADDRESS: _____

PROPERTY OWNER'S PHONE: _____

CONTRACTOR'S NAME: _____

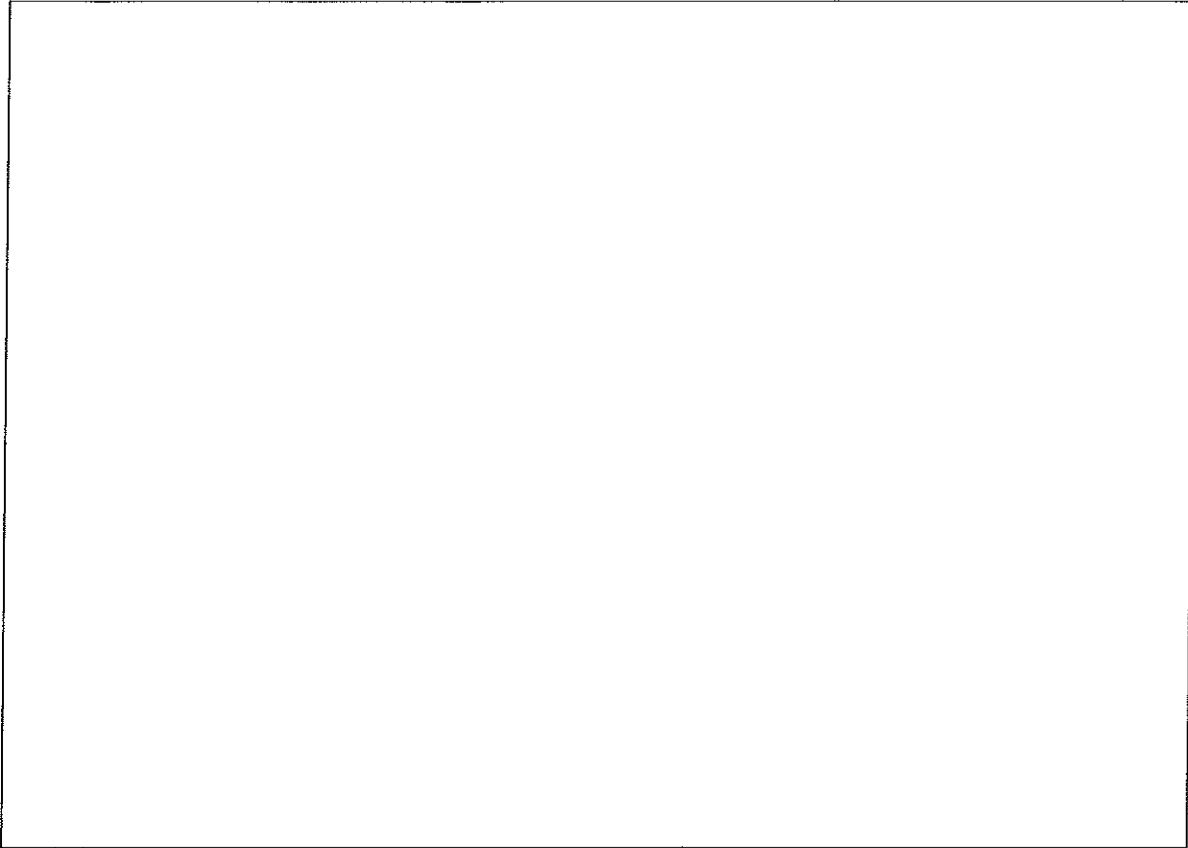
CONTRACTOR'S ADDRESS: _____

CONTRACTOR'S PHONE: _____

CONTRACTOR'S FEDERAL ID NUMBER: _____

FALSE INFORMATION PROVIDED IN THE APPLICATION PROCESS WILL RESULT IN IMMEDIATE
REVOCATION OF THE LICENSE AND PERMIT.

APPLICANT MUST DRAW A SKETCH OF HOUSE AND ANY OUT BUILDINGS ON THE LOT, EXISTING OR TO BE ERECTED, AND INDICATE DIMENSIONS FROM EACH PROPERTY LINE.



BEFORE A PERMIT IS ISSUED, ALL OF THE ABOVE MUST BE COMPLETED WITH:

1. CONTRACTOR'S LICENSE NUMBER:
 - a. PROOF OF PUBLIC LIABILITY
 - b. PROOF OF WORKER'S COMPENSATION **OR**
 - c. WORKER'S COMPENSATION RELEASE FORM
2. BUILDING PERMIT APPLICATION, IN ITS ENTIRETY, INCLUDING SETBACKS FROM THE PROPERTY LINE
3. COPY OF CONTRACTOR'S PROPOSAL TO OWNER
4. FOR ALL ADDITIONS, DECKS AND FENCES:
 - a. A DETAILED DRAWING OR PRINT
 - b. MATERIAL LIST
 - c. ALLOW THREE (3) DAYS FOR TOWNSHIP REVIEW/APPROVAL
5. ALL APPLICABLE PERMITS (PLUMBING, ELECTRICAL, ETC.) MUST BE TAKEN OUT AT THE SAME TIME AS THE BUILDING PERMIT.

LIST ALL OTHER CONTRACTORS ON THE JOB.

PLUMBING _____

HEATING _____

AIR CONDITIONING _____

ELECTRICAL _____

WORKER'S COMPENSATION INSURANCE COVERAGE PROGRAM

A. THE APPLICANT IS:

A CONTRACTOR WITHIN THE MEANING OF THE PENNSYLVANIA WORKER'S COMPENSATION LAW.

_____ YES _____ NO

IF THE ANSWER IS "YES", COMPLETE SECTIONS B AND C BELOW, AS APPROPRIATE.

B. INSURANCE INFORMATION

NAME OF APPLICANT: _____

FEDERAL OR STATE IDENTIFICATION NUMBER: _____

**APPLICANT IS A QUALIFIED SELF-INSURER FOR WORKER'S COMPENSATION -
CERTIFICATE ATTACHED**

NAME OF WORKER'S COMPENSATION INSURER: _____

WORKER'S COMPENSATION INSURANCE POLICY NUMBER: _____

POLICY EXPIRATION DATE: _____

C. EXEMPTION

COMPLETE SECTION C IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM PROVIDING WORKER'S COMPENSATION INSURANCE.

THE UNDERSIGNED SWEARS OR AFFIRMS THAT HE/SHE IS NOT REQUIRED TO PROVIDE WORKER'S COMPENSATION INSURANCE UNDER THE PROVISIONS OF PENNSYLVANIA'S 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 WORKER'S COMPENSATION LAW.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____ 2014

APPLICANT SIGNATURE

ADDRESS

COUNTY

MUNICIPALITY

(SIGNATURE OF NOTARY PUBLIC)
MY COMMISSION EXPIRES _____
SEAL: