

APPLICATION FOR GRADING PERMIT

FILL IN ALL INFORMATION COMPLETELY

Location : _____

Between: _____ and _____
CROSS STREET CROSS STREET

Subdivision: _____ Lot #: _____ Lot Size: _____ Tax Parcel # - _____

Property Owner – Name & Address	Engineer – Name & Address (If applicable)	Applicant – Name & Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
Phone Number - _____	Phone Number - _____	Phone Number - _____

Total acreage to be disturbed: _____
Expected starting date: _____ Expected completion date: _____
Purpose of work: _____

*Two copies of an engineered plan shall be submitted with each application.
Such plan shall include:*

- | | |
|--|--|
| 1. Address and lot number | 8. Existing & Proposed features |
| 2. Tax Parcel Number | 9. Existing & Proposed contours @ 2' Intervals |
| 3. Name and Address of Owner | 10. Plans & Profile of all E & S controls |
| 4. Name and Address of Designer | 11. Boundary line of Property |
| 5. Plan date & date of latest revision | 12. Limits of Grading |
| 6. North Arrow | 13. Soil Types |
| 7. Scale | 14. Storm Water Management |

USE BACK OF APPLICATION TO PROVIDE ADDITIONAL INFORMATION

APPLICANT'S SIGNATURE DATE

I hereby certify that the statements contained herein are true to the best of my knowledge and belief.
I understand that this permit will only be issued for the work listed and no other.
I understand that additional information and/or Permits may be required prior to the issuance of this permit
I understand that I shall give London Grove Township 24 hours notice prior to commencing work.

DO NOT WRITE BELOW THIS LINE

Permit No. - _____	Received - _____
Land Disturbance _____	Authorization [] Yes [] No [] N/A
Permit Fee \$ _____	Engineer [] Yes [] No [] N/A
Workers' Compensation Insurance [] Yes [] No [] N/A	Paid Date - _____
Expiration date of Workers' Comp. Insurance ____-____-____	Paid By - [] Check # - _____ [] Cash
Liability Insurance [] Yes [] No [] N/A	Receipt By - _____
Expiration date of liability Insurance ____-____-____	
Notes - _____	

Approved By: _____ **Date:** _____

LONDON GROVE TOWNSHIP

372 Rose Hill Road
Suite 100
West Grove, PA 19390

610-345-0100

AUTHORIZATION

(When APPLICANT is not the owner of record, the following must be completed by the owner, and submitted with the permit application.)

I (We) _____
(Name)

(Address)

owners of the property located at: _____
(Site Address)

do hereby authorize: _____
(Contractor's name)

(Address, Telephone Number)

for the following work: _____

(Owner's Signature)

(Print Name)

(Owner's Telephone Number)

NOTICE

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

The attached form shall be completed by all parties applying for a permit. All parties, with the exception of those exempt under Section C, shall also submit a Workers' Compensation Insurance Certificate which includes the effective date of the coverage. Exempt Corporations and Partnerships shall submit proof of exemption.

GENERAL LIABILITY INSURANCE COVERAGE INFORMATION

In addition to the above, all applicants, with the exception of the property owner, shall submit an Insurance Certification of General Liability in the amount of \$100,000 or the value of the Structure being worked on, whichever is greater for property damage and \$100,000/\$300,000 for bodily injury.

PROPERTY OWNERS' INFORMATION

If the applicant is the owner of the property, insurance certification for general liability and workers' compensation are not required to obtain a permit; however, should the property owner hire or contract with other parties or subcontractors, the homeowner could be held responsible for a loss, if those parties do not have the proper insurance. The completion of the attached Workers' Compensation form is required by all applicants including property owners. The homeowner applicant should assure that anyone working on their property has in force the proper current liability and Workers' Compensation Insurance coverage, and are named as a certificate holder or additional insured. Homeowner applicants should also be aware that by acting as the applicant the homeowner assumes all responsibility for following Township Ordinances and all liability if those Ordinances are not followed. If a contractor is to be used we strongly recommend that the contractor is the permit applicant.

**LONDON GROVE TOWNSHIP SHALL BE LISTED AS A CERTIFICATE
HOLDER ON ALL INSURANCE FORMS SUBMITTED TO THE TOWNSHIP**

LONDON GROVE TOWNSHIP
372 Rose Hill Road, Suite 100, West Grove, PA 19390

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION
MUST BE COMPLETED BY ALL APPLICANTS

Note: Under State Law, London Grove Township is responsible to stop all work on any site when non-exempt parties are working without Workers' Compensation Insurance and/or non-exempt parties have not completed and submitted the proper exemption form to the Township.

Site Address: _____

Name of **Applicant**: _____

A. Is the **Applicant** the property owner? No (go to B) YES (if yes check statement below)
 Applicant is the property owner, and understand that if he/she hires other parties or subcontractors, such parties or subcontractors shall submit acceptable insurance information or proof of exemption thereof to the property owner before commencing any work on the property. The property owner also should request the contractors Pennsylvania Home Improvement Contractor number (PA HIC).

B. Is the **Applicant** a contractor within the meaning of the Pennsylvania Workers' Compensation Law:
 No (go to C) YES (if yes provide the following)
Home Improvement Contractor (HIC) #: _____ Expires: _____
Federal or State Employer Identification #: _____
Check one of the following:
 Applicant is a qualified self-insurer for Workers' Compensation (certificate attached)
 Applicant is insured by: _____ (certificate attached)

Note: The Township does not keep certificates on file. London Grove Township must be listed as the "certificate holder".

C. Is the **Applicant** a contractor that is **exempt** from Workers' Compensation Law? YES (if yes provide the following):
Home Improvement Contractor (HIC) #: _____ Expires _____
 Applicant is a Contractor with no employees. The contractor is prohibited by law from employing any individual to perform work pursuant to this permit unless contractor provides proof of insurance to the Township.
 Applicant is a Contractor that is a member of a Corporation that has claimed exemption. A copy of exemption notification must be attached.
 Applicant is a registered partnership through State of PA – proof must be attached.
 Applicant is exempt under the religious exemption of the Worker Compensation Law.

Applicant Signature: _____
Name: _____
Address: _____
Telephone: _____