APPLICATION FOR POOL BUILDING PERMIT

FILL IN ALL INFORMATION COMPLETELY

Location :_____

Between: _____ and_____
CROSS STREET CROSS STREET

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

Property Owner – Name & Address	Architect /Engineer – Name & Address	Applicant – Name & Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
Phone Number - _____	Phone Number - _____	Phone Number - _____

Wall slope in areas which are less than 5 feet deep: _____ Floor slope – shallow area to 5 foot transition point: _____
Width of proposed walkway:_____ Square footage of total deck area: _____

As the pool permittee, are you or your represented company responsible for the fence installation: [ ] Yes [ ] No IF NO A SEPARATE PERMIT SHALL BE OBTAINED BY THE RESPONSIBLE PARTY PRIOR TO CONSTRUCTION OF THE POOL AND YOU MAY SKIP THIS SECTION

Type and height of proposed fence: _____
Are ALL gates self-closing/self-latching? [ ] Yes [ ] No
What type of ALARMS will be used on doorways into the enclosed area: _____

Total pool gallonage: _____ Total square footage of surface water: _____
Number of: Skimmers _____ Steps _____ Ladders _____ Slides _____
What is the water turnover rate in hours: _____ What is the pump flow in G. P. H. ? _____
Is the water supply: [ ] Hose [ ] Direct piping [ ] Other _____
Where does the backflow drain to? _____

Proposed Cost $ _____

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

Approved By: _____ ***Date:*** _____

COMPLETE DESCRIPTION OF
PROPOSED WORK

Applicant's Signature _____ 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 & PENNSYLAVANIA HOME IMPROVEMENT CONTRACTOR (PA HIC) INFORMATION

The attached form shall be completed by all applicants applying for a permit.

Unless exempt, a Workers' Compensation Insurance Certificate (which includes the effective date of the coverage and lists London Grove Township as Certificate Holder) shall be submitted.

Exempt Corporations and Partnerships shall submit proof of exemption.

PA HOME IMPROVEMENT CONTRACTOR INFORMATION

All applicants, with the exception of the property owner, shall submit their Pennsylvania Home Improvement number (PA HIC).

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

The completion of the attached Workers' Compensation form is required by all applicants including property owners.

If the applicant is the owner of the property, insurance certification for general liability, workers' compensation, and Home Improvement Contractor number 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 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.

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: _____

APPLICATION FOR ZONING PERMIT

FILL IN ALL INFORMATION COMPLETELY

Location: _____ Tax Parcel Number: 59- _____

Subdivision: _____ Lot #: _____ Lot Size: _____

Property Owner – Name & Address	Applicant – Name & Address
_____	_____
_____	_____
_____	_____
Phone Number - _____	Phone Number - _____

Proposed Use: _____

Existing Use (if applicable): _____

Lot Dimensions	Dimensions of Proposed Structure	Setbacks to Proposed structure
Width at Front- _____	Length - _____	Front - _____
Width at Rear - _____	Width - _____	Rear - _____
Right Side Depth - _____	Height - _____	Right Side - _____
Left Side Depth - _____		Left Side - _____

Proposed Structure Square Footage - _____ Total Building Square Footage on Site - _____

A plot plan shall be attached locating all existing and proposed man-made structures and shall include their dimensions and setbacks to at least two property lines. In addition the plan shall include floodplains, wetlands, fences, driveways, streams, north arrow, lot dimensions etc.

Any person aggrieved by the issuance of this permit has the right to appeal, including grants or variances. Such appeal shall be within 30 days of approval, unless such person or persons alleges and proves that he had no notice, knowledge, or reason to believe that such approval had been granted. Because the holder of a permit cannot acquire vested rights prior to the expiration of the appeal period available to protesters, any expenditures made prior to such expiration are at the permit holder's risk. This has sometimes resulted in the removal of premature construction, harsh as it may seem.

_____ _____

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. _____
Permit Fee $ _____
Approved - _____
Denied - _____

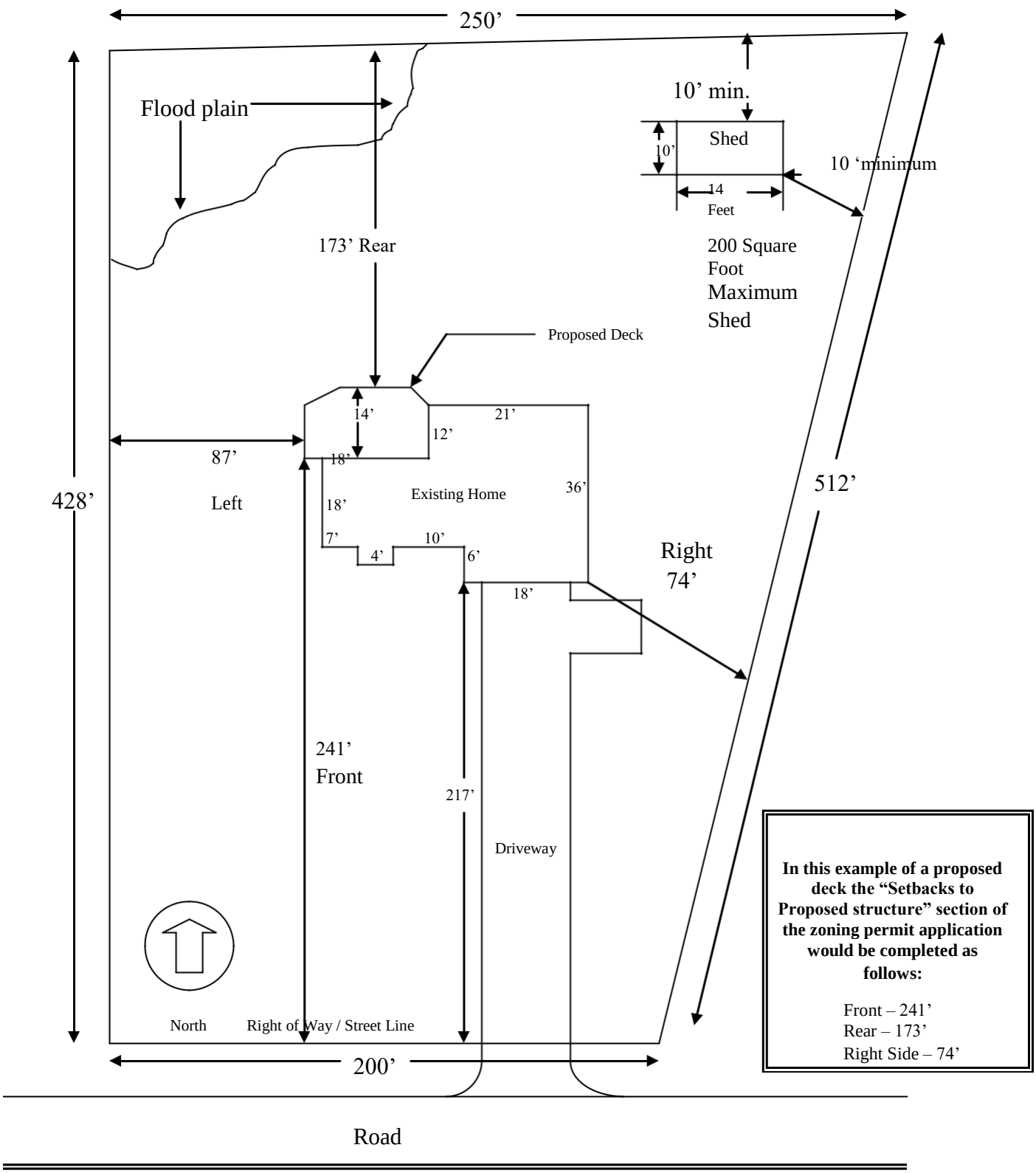
Received -_____
Authorization [ ] Yes [ ] No [ ] N/A
Paid Date - _____
Paid By – [ ] Check # - _____ [ ] Cash
Receipt By - _____

Notes: _____

BY: _____ ***DATE:*** _____

EXAMPLE PLOT PLAN

Note – This example plan does not necessarily conform to the Zoning regulations in all zoning districts.



In this example of a proposed deck the “Setbacks to Proposed structure” section of the zoning permit application would be completed as follows:

Front – 241’
Rear – 173’
Right Side – 74’

THIS PLAN IS AN EXAMPLE ONLY

APPLICATION FOR ELECTRICAL PERMIT

FILL IN ALL INFORMATION COMPLETELY

Location: _____

Between: _____ and _____
CROSS STREET CROSS STREET

Subdivision: _____ Lot #: _____ Lot Size: _____ Tax Parcel # 59-_____

Property Owner – Name & Address	Applicant/Contractor – Name & Address	Third Party Inspection – Name & Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
Phone Number - _____	Phone Number - _____	Phone Number - _____

Estimated Cost of Job $ _____ Electrical Permit Fees $ _____

Residential 1 & 2 Family [ ] Multi Family [ ] Commercial [ ] Accessory [ ] Other [ ]

New Construction [ ] Addition/Alteration/Repair/Replace [ ] Demo [ ]

Service (amps) _____ Fixtures (#) _____ Receptacles (#) _____ Switches (#) _____

A /C [ ] Oil Burning [ ] Gas Burning [ ] Electric Heat [ ] Other [ ]

DESCRIPTION OF WORK:
_____
_____
_____

SCHEMATIC (RISER DIAGRAM) SHALL BE PROVIDED ON THE BACK OF THIS APPLICATION OR ON A SEPARATE PLAN

_____ _____
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. - _____
Number of Fixtures _____
Permit Fee $ _____
Workers' Compensation Insurance [ ] Yes [ ] No [ ] N/A
Expiration date of Workers' Comp. Insurance ___-___-___
Liability Insurance [ ] Yes [ ] No [ ] N/A
Expiration date of Liability Insurance ___-___-___

Received - _____
Authorization [ ] Yes [ ] No [ ] N/A

Paid Date - _____
Paid By – [ ] Check # - _____ [ ] Cash
Receipt By - _____

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 &
PENNSYLAVANIA HOME IMPROVEMENT CONTRACTOR (PA HIC)
INFORMATION

The attached form shall be completed by all applicants applying for a permit.

Unless exempt, a Workers' Compensation Insurance Certificate (which includes the effective date of the coverage and lists London Grove Township as Certificate Holder) shall be submitted.

Exempt Corporations and Partnerships shall submit proof of exemption.

PA HOME IMPROVEMENT CONTRACTOR INFORMATION

All applicants, with the exception of the property owner, shall submit their Pennsylvania Home Improvement number (PA HIC).

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

The completion of the attached Workers' Compensation form is required by all applicants including property owners.

If the applicant is the owner of the property, insurance certification for general liability, workers' compensation, and Home Improvement Contractor number 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 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.

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: _____

Rev. 10/17

ELECTRICAL INSPECTION AGENCIES 2022
CONTRACTED WITH LONDON GROVE TOWNSHIP

ONLY THE AGENCIES AND INSPECTORS LISTED BELOW MAY PERFORM INSPECTIONS REQUIRED BY LONDON GROVE TOWNSHIP

176 Doe Run Rd
Mannheim, PA 17545
Phone: 717-664-2347 – 800-732-0043

Middle Department Inspection Agency, Inc.
P.O. Box 2654 – 1337 West Chester Pike
West Chester, PA 19380
Phone: 610-696-3900 Fax: 610-696-4497

United Inspection Agency, Inc.
716 N. Bethlehem Pike – Ste. 300
Lower Gwynedd, PA 19002
Phone: 215-542-9977 Fax: 215-540-9721

Middle Atlantic Electrical Inspections, Inc.
302 E. Pennsylvania Avenue, Feasterville, PA 19053
Phone: 215-322-2626 Fax: 215-364-7921
Delaware Office: 1-800-732-2551

Bureau Veritas North America
790 Park Way
Broomall, PA 19008
Phone: 610-543-3925 Fax: 610-543-1933