

# 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. - \_\_\_\_\_

Cost \$ \_\_\_\_\_

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 \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Notes - \_\_\_\_\_

Received - \_\_\_\_\_

Authorization [ ☐ ] Yes [ ☐ ] No [ ☐ ] N/A

Engineer [ ☐ ] Yes [ ☐ ] No [ ☐ ] N/A

Paid Date - \_\_\_\_\_

Paid By – [ ☐ ] Check # - \_\_\_\_\_ [ ☐ ] Cash

Receipt By - \_\_\_\_\_

**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 & PENNSYLVANIA 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number - \_\_\_\_\_

Applicant – Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number - \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Existing Use (if applicable): \_\_\_\_\_

## Lot Dimensions

Width at Front- \_\_\_\_\_  
Width at Rear - \_\_\_\_\_  
Right Side Depth - \_\_\_\_\_  
Left Side Depth - \_\_\_\_\_

## Dimensions of Proposed Structure

Length - \_\_\_\_\_  
Width - \_\_\_\_\_  
Height - \_\_\_\_\_

## Setbacks to Proposed structure

Front - \_\_\_\_\_  
Rear - \_\_\_\_\_  
Right Side - \_\_\_\_\_  
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 - \_\_\_\_\_

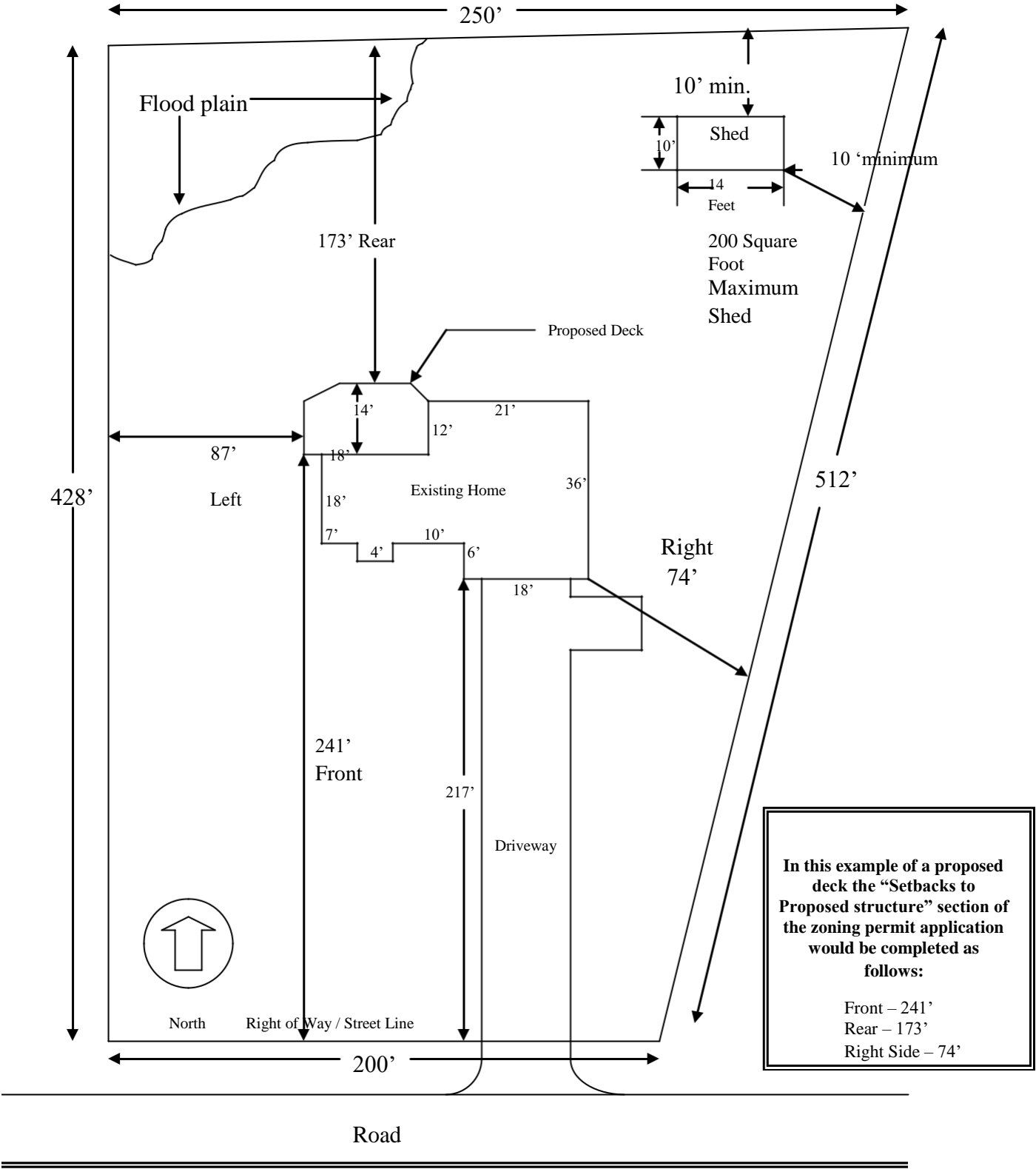
Notes: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

EXAMPLE PLOT PLAN

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



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.

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### 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 \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Notes - \_\_\_\_\_

Received - \_\_\_\_\_

Authorization [ ] Yes [ ] No [ ] N/A

Paid Date - \_\_\_\_\_

Paid By - [ ] Check # - \_\_\_\_\_ [ ] Cash

Receipt By - \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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610-345-0100

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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**  
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**PENNSYLVANIA HOME IMPROVEMENT CONTRACTOR (PA HIC)**  
**INFORMATION**

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

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

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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).
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☐ No (go to C) ☐ YES (if yes provide the following):  
Home Improvement Contractor (HIC) #: \_\_\_\_\_ Expires: \_\_\_\_\_  
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Check one of the following:  
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☐ 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: \_\_\_\_\_

**ELECTRICAL INSPECTION AGENCIES 2023  
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

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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

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

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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

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