



301 Iven Avenue
Wayne, PA 19087
610-688-5600
610-971-0450

RADNOR TOWNSHIP
Community Development Department
Application for Building/Zoning Permit

Permit No. _____

CO No. _____

Fee: _____

**include \$4.50 PA Surcharge and \$2.00 Administrative fee.

Location of Building

Street Address: _____

Zoning District: _____ Is property located in the Historic District? Yes No

2 sets of Engineered or Architectural plans must be submitted with this application, unless not required by the Code Official. A CD containing the final building plans in either a .pdf or .tif format must be submitted before issuance of Certificate of Occupancy

Ownership

Private (individual, corporation, nonprofit, institutional, etc.) Public (Federal, State, or local government)

Type of Improvement

- New Building
- Addition
- Alteration - Interior or Exterior
- Repair, replacement
- Demolition
- Foundation only
- Fence
- Garage
- Shed
- Roof
- Other _____

Proposed Use

Residential Non-Residential

Cost of Project

Building _____
Electrical _____
Plumbing _____
HVAC _____
Sprinkler _____
Other _____
Total cost _____

Principal type of frame

Masonry Wood Frame Structural Steel Reinforced Concrete Other _____

Principal type of heating fuel

Gas Electricity Oil Coal Other _____

Type of sewage disposal

Public Private

Type of water supply

Private company Well

Type of mechanical

Air conditioning Elevator

Off-Street Parking Spaces

Enclosed _____
Outdoors _____

Residential Buildings Only

Number of Bedrooms _____
Number of Bathrooms Full _____
Partial _____

Dimensions

No. of Stories _____
Total Square Feet of floor area, all floors, based on exterior dimensions _____
Total land area _____

Radnor Township requires contractors submitting for building permits to submit ALL sub-contractors permit applications at the same time

PERMITS ARE NON-TRANSFERRABLE

DESCRIPTION OF WORK

IDENTIFICATION—to be completed by all applicants		
Owner or Lessee		Telephone
Mailing Address		
Email Address		Cell Phone
Contractor/Company Name		Telephone
Mailing Address		HIC#
Email Address		Cell Phone
Architect/Engineer		Telephone
Mailing Address		
Email Address		Cell Phone
<i>The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction. Please note: An incomplete application is subject to rejection.</i>		
Signature of applicant	Address	Date

DO NOT WRITE BELOW THIS LINE

Township Official

Date Approved

Workers' Compensation Insurance Coverage Information
(attach to building permit application)

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' 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 Employers Identification No. _____

Applicant is a qualified self-insurer for workers' compensation.

_____ Certificate Attached

Name Workers Compensation Insurer _____

Workers Compensation Insurance Policy No. _____

_____ Certificate Attached

Policy Expiration Date _____

C. Exemption

Complete Section C 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 workers' compensation insurance under the provisions of Pennsylvania Workers' 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)

Signature of applicant _____
Address _____

County of _____
Municipality of _____