



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 Is any part of project within the flood plain? Yes No

Will the flood plain be disturbed? Yes No If yes, has relief been granted? 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
- Repair, replacement
- Demolition
- Foundation only
- Fence
- Garage
- Shed
- Interior Alteration
- 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 _____