

# APPLICATION FOR POOL ENCLOSURE PERMIT

*Fill in all information completely*

Location: \_\_\_\_\_

Property Owner – Name & Address

Applicant – Name & Address

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

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

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

PA HIC # - \_\_\_\_\_

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

**A SKETCH SHALL BE ATTACHED**

Height of proposed fence (measured on outside at lowest location): \_\_\_\_\_

Maximum opening in fence structure: \_\_\_\_\_

Distance from grade to the bottom of the proposed fence: \_\_\_\_\_

Will the pool be supplied with a cover?     Yes     No  
Type \_\_\_\_\_     Electric     Manual

Are there any doors from the structure to the pool enclosure?     Yes     No  
If YES, what type of alarm will be used on these doors? \_\_\_\_\_  
Is the alarm connected to a burglar/fire alarm?     Yes     No  
Type \_\_\_\_\_

**BACK OF APPLICATION MUST BE COMPLETED**

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 be issued only for that work listed.

I understand that additional information or permits may be required.

I understand that I shall give Thornbury Township 24 hours notice prior to commencing work.

**DO NOT WRITE BELOW THIS LINE**

Permit No. \_\_\_\_\_

Authorization     YES     NO     N/A

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

PA One Call     YES     NO     N/A

Permit Fee \$ 25.00

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:

\_\_\_\_\_

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

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

**THORNBURY TOWNSHIP  
6 Township Drive  
Cheyney, PA 19319**

**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, phone number)

**owners of the property located at:** \_\_\_\_\_  
(site address)

**do hereby authorize:**  
\_\_\_\_\_  
(contractor's name)

\_\_\_\_\_  
- (address, phone number)

**for the following work:**  
\_\_\_\_\_

\_\_\_\_\_  
(owner's signature)

\_\_\_\_\_  
(print name)

**WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION**

**TO BE COMPLETED BY ALL APPLICANTS**

**NOTE: Under State Law, the 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 to the Township the proper exemption form.**

**SITE ADDRESS:** \_\_\_\_\_

**A. The APPLICANT is a contractor within the meaning of the Pennsylvania Workers' Compensation Law:**

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**  
(If YES, skip Section D. If NO, skip Section C)

**B. Name of APPLICANT:** \_\_\_\_\_

**Federal or State Employer ID No.:** \_\_\_\_\_

**C. Insurance Information - to be completed by contractors only:**

**Applicant is a qualified self-insurer for workers' compensation:**

\_\_\_\_\_ **CERTIFICATE ATTACHED**

**Name of workers' compensation insurer:** \_\_\_\_\_

**Worker's compensation insurance policy no.:** \_\_\_\_\_

**Policy expiration date:** \_\_\_\_\_

\_\_\_\_\_ **CERTIFICATE ATTACHED**

**OVER.....**

**(ALL APPLICANTS MUST SIGN AND FILL IN NAME, ADDRESS AND PHONE NUMBER ON REVERSE SIDE OF THIS FORM)**

**D. Exemption - If APPLICANT is a contractor claiming exemption from providing Workers' Compensation Insurance or the owner of the property, Section D shall be completed.**

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation insurance under the provisions of the Pennsylvania Workers' Compensation Law, for one of the following reasons:

\_\_\_ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this permit unless contractor provides proof of insurance.

\_\_\_ Contractor is a member of a Corporation and has claimed exemption from such Corporation through PA Dept. of Labor & Industry (copy of exemption notification shall be attached).

\_\_\_ APPLICANT is a registered partnership through the State of Pennsylvania.  
(Proof of partnership should be attached.)

\_\_\_ APPLICANT is the property owner, and understands 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 applicant before commencing any work on the property.

\_\_\_ Religious exemption under the Workers' Compensation Law.

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Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

THORNBURY TOWNSHIP  
DELAWARE COUNTY  
6 TOWNSHIP DRIVE  
CHEYNEY, PA 19319-1020

(610) 399-0844