

APPLICATION FOR GRADING PERMIT

Fill in all information completely

Section 1.0

Property Location: _____

Property Owner – Name & Address

Engineer – Name & Address

Applicant – Name & Address

Phone
Number

Phone
Number

Phone
Number

Email
Address

Email
Address

Email
Address

Section 2.0

Total acreage (sq.ft.) to be disturbed _____

Expected starting date _____

Expected completion date _____

Three (3) copies of a sealed engineered plan must be submitted with each application.

Such plan shall include :(§9-301)

- | | |
|--|--|
| <input type="checkbox"/> Boundary line of property | <input type="checkbox"/> Location and Materials of Construction Entrance |
| <input type="checkbox"/> Limits of grading | <input type="checkbox"/> Location and type of Silt Fence |
| <input type="checkbox"/> Amount of grading (depths of cuts and fills) | <input type="checkbox"/> Size and location of water and sanitary lines |
| <input type="checkbox"/> General topography and drainage | <input type="checkbox"/> Location of top soil stockpile |
| <input type="checkbox"/> Location of man made features | <input type="checkbox"/> Storm water management (§9-401) |
| <input type="checkbox"/> Plans and specs. for soil erosion and sedimentation control | <input type="checkbox"/> Information showing soil types |

THORNBURY TOWNSHIP CANNOT ISSUE AN OCCUPANCY PERMIT IF THERE ARE OUTSTANDING VIOLATIONS ON THE PROPERTY. BUILDING PERMIT FEES WILL BE DOUBLED IF WORK BEGINS BEFORE PERMITS ARE ISSUED

Section 3.0

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 have read and understand Chapter 22 and Chapter 27 Article 15 of the Thornbury Township Code of Ordinances

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.

Section 4.0 DO NOT WRITE BELOW THIS LINE

Permit Number: _____

Permit Fee: _____ \$50.00

Total acreage _____

State Surcharge _____ \$2.00

Engineering and Inspection Fee _____

Workers' Compensation Ins. [] YES [] NO [] N/A

Escrow Amount _____

Expiration date of Workers' Comp. Ins. ____-____-____

Total Due: _____

Liability Insurance [] YES [] NO [] N/A

Expiration date of liability insurance ____-____-____

* Comments attached for denial

Property Owner Authorization [] YES [] NO [] N/A

*DENIED BY: _____

DATE: _____

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.

Signature: _____

Name: _____

Address: _____

Phone No.: _____

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

(610) 399-0844

THORNBURY TOWNSHIP, DELAWARE COUNTY

Resolution #6 of 2005

Fee Schedule Amendments

O. Erosion and Sedimentation Control Fees and Escrow Deposits.

Escrow Deposits

An initial escrow deposit for review and inspection fees is required according to the following schedule. Actual Engineering and Consultant cost for review and inspections, as submitted to the township, will be deducted from the deposit.

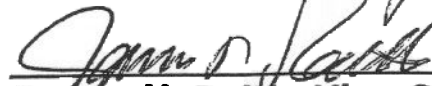
- (1) \$300.00 – up to ten acres**
- (2) \$500.00 – more than ten acres**

Additional escrow deposits will be required as the initial deposit is depleted to not less than \$100.00, in order to replenish the above escrow deposits.

NOW, THEREFORE, BE IT RESOLVED this 16th day of February, 2005, that the above amendment to the Thornbury Township Fee Schedule is hereby approved and adopted as an amendment to the current Fee Schedule.

BOARD OF SUPERVISORS


William A. Lovejoy, Chairman


James H. Raith, Vice-Chairman

SEAL

isheck, pervi


Deborah Perry, Secretary

THORNBURY TOWNSHIP

Delaware County
6 Township Drive
Cheyney, PA 19319-1020
610-399-0844
Fax: 610-399-3162

ESCROW AGREEMENT

Applicant(s) Name: _____

Property Location: _____

Total Amount of Escrow Fee Submitted: _____

The escrow amount will be deposited and held by Thornbury Township and shall be used to offset the costs of review and preparation of documents by Township Consultants. Charges shall be made on a per hour basis. Should the escrow balance go below \$100.00 it is understood that escrow shall be replenished to its original amount.

If there is any money remaining in the escrow fund upon final approval, the balance will be returned to the applicant not including interest.

I/we _____ hereby certify that I/we have read the foregoing and agree to abide by the term hereof.

Date

Signature of Applicant

Date

Signature of Applicant

This Escrow Agreement must accompany the submission of the applicants Subdivision Plan, Land Development Plan or Site Plan.