

PROCEDURE FOR OBTAINING A SWIMMING POOL PERMIT

1. Fully complete the application for your permit making sure to date and sign it and return it along with the required application fee. The applicant for a permit may be the owner or owner's agent. . (Please note that although the application fee is non-refundable, it will be applied toward the total cost of your permit(s), with the balance due at pick-up.)
2. For residential applications, the Building Inspector has a **3 week** period to review and approve or deny your permit application. For non-residential (commercial), **6 weeks** is allotted. Make sure there are daytime and evening telephone numbers for the Building Inspector to reach you should there be any questions about your application.
3. After the application has been approved, the applicant will be contacted when the permit is ready to be picked up and informed of the balance due. At pick up you will be asked to sign all copies of the permit, pay the balance of the permit fee and you will be given a check list with the inspection requirements for your project.
4. Permits are valid for one (1) year from date of issuance. The building official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. An additional fee will apply.
5. If you have any questions concerning your application, please contact Kraft Code Services at 610.775.7185. If no one is available when you call, please state that the municipality your call pertains to and leave a detailed message.
6. PLEASE NOTE: No construction can begin without paying for and receiving your approved permit. Performing work without a permit will result in the doubling of all permit fees.

The following information should be included with your permit application:

- Application fee. (*Applications received without the required application fee will be considered incomplete and will not be processed.*)**
- Fully completed Swimming Pool permit application
- Fully completed Zoning permit application
- Fully completed Electrical permit application (if required)
- Fully completed Fence permit application (if required)
- (2) sets of construction drawings including the following:
 - Plot plan showing
 - All lot lines and dimensions from edge or water to front, side & rear property lines
 - Existing and proposed structures
 - Streets (public/private)
 - Well, septic system; tank; drainfield
 - Location of easement or right-of-way
 - Location of all pool equipment (filter, decks, walkways, sliding boards, etc.)
 - Plans showing dimensions of structure(s)
 - Pool specifications
- Proof of contractor workers' compensation insurance or notarized exemption form

WARWICK TOWNSHIP
SWIMMING POOL ZONING/BUILDING PERMIT APPLICATION

PROPERTY INFORMATION

Owner: _____ Phone #: _____
Street Address: _____
City/State/ Zip: _____
Cell #: _____ Fax #: _____ Email: _____
Tax Parcel # _____ Zoning District: _____

CONTRACTOR INFORMATION

Contractor: _____ Phone #: _____
Street Address: _____
City/State/ Zip: _____
Contact Person: _____
Cell #: _____ Fax #: _____ Email: _____

IMPROVEMENT INFORMATION:

Location of pool: _____
Cost of improvement: _____
Type: Inground (fence permit required) Above Ground - Height above grade of pool wall _____
Size: Max. Length _____ Width _____ Depth _____ Diving board? Yes No
Will a pool heater be installed? Yes No If yes, what type? Electric Gas/Propane Solar
Does a permanent electric supply to the pool or filter already exist? Yes No If no, please complete the following information: Will underground wiring be GFCI protected? Yes No
If yes, how is protection achieved? GFI Circuit Breaker GFI Receptacle
Trench depth: _____ in. Conduit size (if applicable) _____ in. Wire type: _____ Wire size: _____
No. of circuits: _____ Size of breakers: _____ amp
Electrical contractor _____ Phone number _____
Will there be overhead electric wires directly above the pool or within 18' of the water surface? Yes No

By applying for this permit, I acknowledge that all information provided in this application is complete and accurate, that the work performed will be in conformance with the Pennsylvania Uniform Construction Code and/or any applicable ordinances of the municipality in which the work is to be performed as well as in accordance with the approved plan after a plan review has been completed. I understand that this is not a permit to begin work, but only an application for a permit and that work is not to start without a permit and that the fees for the permit may be doubled if work starts without a permit. I understand that if I give false information regarding this permit application that any permits issued based on this information will be invalid and the municipality could initiate legal proceedings against me, which could result in my being fined or imprisoned, or in the improvement being removed at my expense or any other legal remedy appropriate under the circumstances.

Property Owner Signature Print Name of Property Owner Date

Contractor Signature Print Name of Contractor Date

WARWICK TOWNSHIP ELECTRICAL PERMIT APPLICATION

PROPERTY INFORMATION

Owner: _____ Phone #: _____
 Street Address: _____
 City/State/ Zip: _____
 Cell #: _____ Fax #: _____ Email: _____
 Tax Parcel # _____ Zoning District: _____

CONTRACTOR INFORMATION

Contractor: _____ Phone #: _____
 Street Address: _____
 City/State/ Zip: _____
 Contact Person: _____
 Cell #: _____ Fax #: _____ Email: _____

IMPROVEMENT INFORMATION:

Location: _____ Cost of improvement: _____
 Utility Work Order #: _____
 Type of Work: New Construction Addition Alteration/Replacement Pool
 Service feeder/distribution panel: New Existing Size: _____ Amps
 Brief description of work: _____

EQUIPMENT IDENTIFICATION

| Type | # | Type | # | Type | # |
|----------------------|---|------------------|---|------------|---|
| Ceiling Outlets | | Ranges | | Meters | |
| Switches | | Water Heater | | Subpanels | |
| Plug Receptacles | | Heaters | | Generators | |
| Heat/Smoke Detectors | | Air Conditioners | | Motors | |

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Property Owner Signature _____ Print Name of Property Owner _____ Date _____

Contractor Signature _____ Print Name of Contractor _____ Date _____

WARWICK TOWNSHIP
FENCE ZONING/BUILDING PERMIT APPLICATION

PROPERTY INFORMATION

Owner: _____ Phone #: _____
Street Address: _____
City/State/ Zip: _____
Cell #: _____ Fax #: _____ Email: _____
Tax Parcel # _____ Zoning District: _____

CONTRACTOR INFORMATION

Contractor: _____ Phone #: _____
Street Address: _____
City/State/ Zip: _____
Contact Person: _____
Cell #: _____ Fax #: _____ Email: _____

IMPROVEMENT INFORMATION:

Cost of improvement: _____
Location (address) of fence: _____
Fence Type: _____
Height: _____ Length: _____

Is the purpose of the fence to protect a swimming pool? Yes No

Is the purpose of the fence to provide a buffer or secure an area for industrial or commercial use? Yes No

Please review the attached checklist for information that must be included with this permit application.

By applying for this permit, I acknowledge that all information provided in this application is complete and accurate, that the work performed will be in conformance with the Pennsylvania Uniform Construction Code and/or any applicable ordinances of the municipality in which the work is to be performed as well as in accordance with the approved plan after a plan review has been completed. I understand that this is not a permit to begin work, but only an application for a permit and that work is not to start without a permit and that the fees for the permit may be doubled if work starts without a permit. I understand that if I give false information regarding this permit application that any permits issued based on this information will be invalid and the municipality could initiate legal proceedings against me, which could result in my being fined or imprisoned, or in the improvement being removed at my expense or any other legal remedy appropriate under the circumstances.

Property Owner Signature _____ Print Name of Property Owner _____ Date _____

Contractor Signature _____ Print Name of Contractor _____ Date _____

CERTIFICATION FOR WETLANDS / BURIED SOLID WASTE

WETLANDS

I hereby certify that I am fully aware of, and acknowledge that construction on or use of any property may be significantly restricted or totally prohibited by Federal Law. Lands that are identified as "wetlands" by the United States Army Corps of Engineers cannot be used unless and until a permit is issued by the Corps. Before commencing subdivision, construction or any other improvement of any land, the owner or his/her agent should contact either the Corps of Engineers or a qualified professional to determine whether or not said land could be considered either in whole or in part a "wetland." The Corps has the authority to require the removal of any improvement placed within a "wetland" by the owner of such land regardless of the cost of the removal or other effect upon the landowner.

No agent or employee of the municipality in which this work will be performed has made any effort to determine whether or not all or a portion of said land constitutes a "wetland." The granting of a building permit, occupancy permit, onsite sewage disposal permit, or subdivision approval by the municipality DOES NOT in any way imply that the land does NOT constitute a "wetland," or that a permit has been issued by the Corps to place an improvement upon the land, or that it is not necessary to determine if any portion of the land constitutes a "wetland." Any person who proceeds with subdivision, construction, or the placing of any improvement upon land without prior Corps review and/or approval does so AT HIS OWN RISK WITHOUT ANY RESPONSIBILITY ON THE PART OF THIS MUNICIPALITY, ITS AGENTS OR EMPLOYEES!

BURIED SOLID WASTE

I hereby certify that I have not buried any solid waste on the property of this application. I acknowledge that the Commonwealth of Pennsylvania Solid Waste Management Act specifically prohibits the disposal of solid waste except at legally permitted landfills.

I understand that violation of this act may result in prosecution by appropriate agencies of the Commonwealth.

Applicant signature: _____ Date: _____

Name of applicant (please print): _____

PENNSYLVANIA WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM

Please complete all applicable sections of this form paying special attention to the documentation requirements listed in each section. The building and/or zoning permit that you are requesting will not be issued until this form is completed properly.

1. Are you the homeowner/property owner performing the work (as requested in this application) yourself?

- No - go to question #2
- Yes - read this exemption statement, sign to indicate your understanding and submit this form with your application
 "Homeowner swears/affirms that he/she will be performing all work on this project and no outside contractors will be employed on this project."

Signature: _____ Date: _____

2. Are you the homeowner/property owner who has hired a contractor to perform the work (as requested in this application)?

- No - go to question #3
- Yes - please have your contractor complete Sections A & B

3. Are you the contractor hired by the homeowner/property owner to perform the work as requested in this application)?

- Yes - complete Section A & B
- No - please explain: _____

A. Name of Company _____

Contact person _____ Phone # _____

Address of company _____

Federal or State Employee Identification # _____

Please select one of the following options:

- Applicant is a qualified self-insurer for workers' compensation
 ✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
- Applicant carries workers' compensation coverage with an insurance company
 ✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
- Applicant is exempt from providing workers' compensation insurance because:
 - The contractor is a sole proprietorship without employees (The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.)
 - All of the contractor's employees on the project claim an exemption based on religious grounds as defined in Section 304.2 of the Workers' Compensation Act.

Note: If you are requesting an exemption from the Workers' Compensation Act requirements, you must sign in Section B in front of a notary public.

Will you be using any subcontractor(s) on this project? No Yes (if yes, all subcontractors must present proof of insurance as required under the Pennsylvania Workers' Compensation Act.)

B. My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation insurance as needed and verifies that all statements made above are true. I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act that I must sign this form in front of a notary public.

Signature _____ Date _____

Address _____

NOTARIZATION REQUIRED FOR CONTRACTORS REQUESTING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE

County _____ Municipality of _____

My commission expires: _____ Subscribed and sworn to before me this-
_____ day of _____ 20__.

SEAL _____