## WEST SADSBURY TOWNSHIP APPLICATION FOR BUILDING PERMIT/USE CERTIFICATE

2009 INTERNATIONAL BUILDING CODE SERIES IS ENFORCED

NO.		
110.		

Date	
Site Address	Tax Parcel No
Owner or Applicant Name	Phone Number
Owner or Applicant Address	
Description of Work	
Estimated Cost of Construction	
Total Lot Area	
ICC Use Group ICC Construction Type	
stimated Start Date Estimated Completion Date	
Contractor's Name	Contractor's Phone Number
Chief Executive Officer	CEO Phone Number
Person in Charge of Work	Person's Phone Number
Contractor Address	
Worker's Compensation Insurance	
	on property, location and distance from property lines of proposed
construction, well location, and septic	system location.
Two (2) sets of construction drawings.	
Well permit and sewer permit from the	e Chester County Health Department, if applicable.
Stormwater management plan, if appli	cable.
Proof of Worker's Compensation Insu	rance