



WEST GOSHEN TOWNSHIP  
1025 Paoli Pike  
West Chester, Pennsylvania 19380

• 610-696-5266 • Email [permits@westgoshen.org](mailto:permits@westgoshen.org) • [www.westgoshen.org](http://www.westgoshen.org)

**Township Use Only:**

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

PERMIT NO: \_\_\_\_\_

MUNILOGIC NO: \_\_\_\_\_

PERMIT FEE: \_\_\_\_\_

**GRADING, DRAINAGE, EROSION CONTROL PERMIT APPLICATION**

Is this project related to a current building permit? YES NO If YES, Building permit No.: \_\_\_\_\_

Tax Parcel No.: 52- \_\_\_\_\_ Zoning: \_\_\_\_\_ Total Acreage: \_\_\_\_\_

Project Location/Name (Street Address or Legal Description):  
\_\_\_\_\_  
\_\_\_\_\_

Description of work : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does work affect other property in any way? YES NO If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

**OWNER**

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

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

Telephone: \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_ Email: \_\_\_\_\_

**ARCHITECT/ENGINEER:**

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

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

Telephone: \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_ Email: \_\_\_\_\_

**CONTRACTOR:**

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

Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_ Email: \_\_\_\_\_

**INSURANCE:**  
(COPY ATTACHED)

**General Liability**

**Workers Compensation**

I HEREBY AGREE TO ACCEPT AND ABIDE BY THE GENERAL GRADING PERMIT PROVISIONS, THE CONDITIONS OF APPROVAL PERTAINING TO THIS PERMIT, AND THE WEST GOSHEN MUNICIPAL CODE.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

THIS PERMIT IS TO BE STRICTLY CONSTRUED AND NO WORK OTHER THAN THAT SPECIFICALLY MENTIONED ABOVE IS AUTHORIZED HEREBY. TOWNSHIP ENGINEER MUST BE CONTACTED FORTY EIGHT (48) HOURS PRIOR TO MOVING ANY SOIL.

**DEPARTMENT APPROVAL:**

Date Permit Granted \_\_\_\_\_

Permit Approved By \_\_\_\_\_

**REMARKS:**

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

**WEST GOSHEN TOWNSHIP, CHESTER COUNTY**  
**WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION**

**I. APPLICANT**

Applicant: \_\_\_\_\_

A. Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law:  
 YES  NO      If the answer is "YES", complete Sections II and III below, as appropriate.

B. Applicant has hired or intends to hire a contractor within the meaning of the Pennsylvania Workers' Compensation Law:  
 YES  NO      If the answer is "YES", complete Sections II and III below, as appropriate.

**II. APPLICANT'S FEDERAL OR STATE IDENTIFICATION NO:** \_\_\_\_\_

If Applicant is a qualified self-insurer for Workers' Compensation, attach Certificate of Insurance to this Addendum.

If Applicant subscribes for Workers' Compensation Insurance provide Name and address of Workers' Compensation Insurer:

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

Policy Number: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Attach Certificate of Insurance to this Addendum

**NOTE:** *West Goshen Township must be named as a certificate holder on all Certificates of Workers' Compensation Insurance and/or on all Certificates of Qualified Self-Insurance.*

**III. EXEMPTION**

This Section is to be completed ONLY if Applicant is a contractor claiming exemption from providing Workers' Compensation Insurance.

The undersigned swears/affirms that he/she is not required to provide Workers' Compensation Law for one of the following reasons, as indicated:

Religious Exemption  Contractor has no employees

Applicant's Signature \_\_\_\_\_

**NOTE:**

**CONTRACTOR IS PROHIBITED FROM EMPLOYING ANY INDIVIDUAL TO PERFORM ANY WORK IN CONNECTION WITH THIS PERMIT UNLESS AND UNTIL CONTRACTOR PROVIDES TO WEST GOSHEN TOWNSHIP SATISFACTORY PROOF OF INSURANCE. IN THE EVENT THAT WEST GOSHEN TOWNSHIP RECEIVES ACTUAL NOTICE THAT A PERMITTEE WHO HAS FILED AN AFFIDAVIT OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE HAS HIRED EMPLOYEES TO PERFORM WORK IN CONNECTION WITH THE PERMIT AND HAS NOT OBTAINED THE REQUIRED INSURANCE AND PROVIDED WEST GOSHEN TOWNSHIP WITH THE REQUISITE INFORMATION, WEST GOSHEN TOWNSHIP SHALL ISSUE A STOP WORK ORDER. SUCH STOP WORK ORDER SHALL REMAIN IN EFFECT UNTIL PROPER WORKERS' COMPENSATION COVERAGE IS OBTAINED AND PROPER DOCUMENTATION IS RECEIVED BY WEST GOSHEN TOWNSHIP.**

**STATE OF PENNSYLVANIA**  
**COUNTY OF CHESTER**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned officer, personally appeared, \_\_\_\_\_ known to me (or satisfactorily proven) to be the persons whose names are subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

\_\_\_\_\_ (Seal)

Notary Public