

**GRADING, DRAINAGE, EROSION CONTROL CHECKLIST**

**Residential** - required if disturbing more than 6 inches of earth

1. Application Fee	\$ 50.00
Review	\$ 200.00
2. Grading Permit	
Application Fee	\$ 50.00
Review Fee	\$ 200.00
3. Drainage Permit	
Application Fee	\$ 50.00
Review Fee	\$ 200.00
4. Single Family – New Construction	
Application Fee	\$ 100.00
Review Fee	\$ 500.00
5. Multi Family – Up to 5 units	
Application Fee	\$ 150.00
Review Fee	\$ 750.00
6. Multi Family – Over 5 units	
Application Fee	\$ 150.00
Review Fee	\$1250.00
7. In-Ground Pool	\$ 50.00
8. Forestry	\$ 50.00

**Non-Residential** - required if disturbing more than 6 inches of earth

1. Applications less than 1 acre	
Application Fee	\$ 200.00
Review Fee	\$ 1000.00
2. Applications more than 1 acre	
Application Fee	\$ 200.00
Review Fee	\$ 2000.00
3. Each additional review beyond (2)	\$ 100.00

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Make check payable to: WEST GOSHEN TOWNSHIP. Submit with your application the following:

- 3 copies of soil & erosion plans (**folded – not rolled**)
- 2 copies of any drainage calculations (**folded – not rolled**)
- 2 copies of application for permit (**completed and signed**)
- 2 copies of cash agreement (**completed and signed**)

The Township Engineer, Rick Craig, has 30 days to review a Soil & Erosion application/plan. Any questions regarding this application must come through our Township Engineer directly.

Once an application for soil & erosion is approved, the Township Engineer requires 48 hours notice prior to moving any soil.

*Note: If you are accessing this permit via our website ([www.westgoshen.org](http://www.westgoshen.org)), please be advised that the following corresponding ordinances are available online through our Township Code Link:*

Chapter 69 - Soil Erosion and Sedimentation Control  
Chapter 71 - Stormwater Management

*For those permits requiring County and State approval, please be advised that the corresponding forms are also available via our website through our Chester County Link, or at:*

[http://www.chesco.org/conservation/forms\\_apps.htm](http://www.chesco.org/conservation/forms_apps.htm)

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WEST GOSHEN TOWNSHIP  
 1025 Paoli Pike  
 West Chester, Pennsylvania 19380  
 • 610-696-5266 • Fax 610-429-0616 • www.westgoshen.org

<b>Township Use Only:</b>	
DATE RECEIVED:	_____
PERMIT NO:	_____
MAGNET 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