

GRADING, DRAINAGE, EROSION CONTROL CHECKLIST

Residential - required if disturbing more than 6 inches of earth

1. Application Fee	\$ 50.00
Review/Escrow	\$ 200.00
2. Grading Permit	
Application Fee	\$ 50.00
Review/Escrow	\$ 200.00
3. Drainage Permit	
Application Fee	\$ 50.00
Review/Escrow	\$ 200.00
4. Single Family – New Construction	
Application Fee	\$ 100.00
Review/Escrow	\$ 500.00
5. Multi Family – Up to 5 units	
Application Fee	\$ 150.00
Review/Escrow	\$ 750.00
6. Multi Family – Over 5 units	
Application Fee	\$ 150.00
Review/Escrow	\$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/Escrow	\$ 1000.00
2. Applications more than 1 acre	
Application Fee	\$ 200.00
Review/Escrow	\$ 2000.00
3. Additional reviews beyond (2)	\$ 100.00

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), 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

Revised 4/1/2011



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

Township Use Only:	
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