



Kennett Square Borough  
120 Marshall Street  
Kennett Square, PA 19348  
(610) 444-6020

**BUILDING PERMIT APPLICATION**  
**FOR ALTERATIONS, REPAIRS, DEMOLITIONS, ROOFS, ETC.**

**NOTWITHSTANDING THE ISSUANCE OF THIS PERMIT,  
ALL PROVISIONS OF THE BUILDING AND ZONING CODES  
WILL BE COMPLIED WITH, WHETHER SPECIFIED HEREIN OR NOT**

I (we) hereby apply for a permit to construct the following work (give exact location of work to be performed):

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

Give explicit details as to work proposed and materials used:

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

Type of Building:     Residential     Commercial     Industrial     Apartment

Other \_\_\_\_\_

Dimensions of lot (if applicable): \_\_\_\_\_

Distance of building from property line: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_

Estimated cost of job: \_\_\_\_\_ Square Footage of job: \_\_\_\_\_

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

Owner: \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

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

Contractor: \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

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

**FOR BOROUGH USE ONLY**

Zoning District \_\_\_\_\_

Parcel # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permit # \_\_\_\_\_ - \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Approval Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Building Inspector Signature: \_\_\_\_\_

**Applicant must draw sketch of house and any outbuildings on the lot, existing or to be erected, and indicate dimensions from each building to each property line and between buildings.**

**REAR PROPERTY LINE**



**FRONT PROPERTY LINE**

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Property Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Required**  
S: CODES/PERMIT

*Workmen's Compensation Affidavit*

I, \_\_\_\_\_, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a \_\_\_\_\_ permit.

After receipt of the \_\_\_\_\_ permit, if I employ any other persons I must notify the Borough Codes Department and provide proof of workmen's compensation coverage within three working days.

I understand that failure to comply will result in a stop work order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e) (4) of the Act of June 2, 1915 (P.L. 736), known as The Pennsylvania Workmen's Compensation Act, reenacted and amended June 21, 1939, amended December 5, 1974, and amended July 2, 1993.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

LOCATION OF PROPERTY: \_\_\_\_\_ TAX PARCEL # \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
My commission expires

S: CONTRACTOR\Contworkerscomp.doc