



101 Commerce Drive
Exton, Pennsylvania 19341

West Whiteland
TOWNSHIP

www.westwhiteland.org
permits@westwhiteland.org

PERMIT APPLICATION

****Please complete the first two (2) sections and any other relevant sections****

Property Information:

Property/Site Location:								
Date:	Lot Size:	Tax Parcel #:			Zoning District:			
Existing Impervious Coverage (sq/ft):				Proposed Impervious Coverage (sq/ft):				
Is Proposed Structure an Historically Designated Property?					Yes:		No:	
Is Proposed Structure Within 300' of an Historically Designated Property?					Yes:		No:	
Is Historical Commission Approval Required?					Yes:		No:	
Is the Project located in a Flood Zone?					Yes:		No:	
Property Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial								
Owner Name:								
Address:								
Email:					Phone:			

General Permit Information:

Proposed Building Use:		Commercial- Labor & Material Cost			Code Edition:		
Proposed Structure Dimensions:					Construction Type:		
Setbacks:	Front Yard:		Rear Yard:		Left Yard:		Right Yard:
Location of work:	1st Floor:	2nd Floor:	3rd Floor:		Automatic Fire Sprinkler System Required		
Basement:	Crawl Space:	Loft Area:	Garage:		YES:	NO:	
Type of work:	Zoning	Building	Electrical		Plumbing		Demolition
Fire Alarm	Drainage	Other	Fire Suppression		Use & Occupancy		Mechanical
Historical	Sign	Flood					
Description of Work:							

Zoning Approval Section:

PA#

Contractor Name:					D/B/A:		
Address:							
Email:					Phone:		
Zoning Hearing Board Conditions Required: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Signature Owner/Agent:					Date:		
Zoning Officer:					Date:		

Permit #:		Permit Fee:	
Receipt #:		Paid Date:	



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Building Approval Section:

Contractor Name:		D/B/A:
Address:		
Email:		Phone:
Signature Owner/Agent:		Date:
Cost of Improvement:	PA Contractor #:	
Building Fee:	ED/Training: \$4.50	
Code Officer:		Date:

Permit #:	Permit Fee:
Receipt #:	Paid Date:

Plumbing Approval Section:

Contractor Name:		D/B/A:
Address:		
Email:		Phone:
Signature Owner/Agent:		Date:
Type of Pipe (Cast or PVC)		
Cost of Improvement:	PA Contractor #:	
Plumbing Fee:	ED/Training: \$4.50	
Code Officer:		Date:

Permit #:	Permit Fee:
Receipt #:	Paid Date:

Electrical Approval Section:

Contractor Name:		D/B/A:
Address:		
Email:		Phone:
Signature Owner/Agent:		Date:
Description of Electrical Work:		
Cost of Improvement:		PA Contractor #:
Electrical Fee:	ED/Training: \$4.50	
Size of Service:		Third Party Fee:
Electrical Inspector/Plans Examiner:		Date:
Code Officer:		Date:

Permit #:	Permit Fee:
Receipt #:	Paid Date:



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Mechanical Approval Section:

Contractor Name:		D/B/A:	
Address:			
Email:		Phone:	
Signature Owner/Agent:			Date:
Cost of Improvement:		PA Contractor #:	
Mechanical Fee:		ED/Training: \$4.50	
Code Officer:		Date:	
Permit #:		Permit Fee:	
Receipt #		Paid Date:	

Fire Construction Approval Section:

Contractor Name:		D/B/A:	
Address:			
Email:		Phone:	
Cost of Improvement:		PA Contractor #:	
Contractor Name:		D/B/A:	
Address:			
Email:		Phone:	
Cost of Improvement:		PA Contractor #:	
No. of Smoke Alarm:	No. of Heat Detectors:	No. of Horn/Strobes:	No. of Pull Stations:
Signature Owner/Agent:			Date:
Code Officer:		Date:	
Permit #:		Permit Fee:	
Receipt #:		Paid Date:	

Historical Commission Approval Section:

Contractor Name:		D/B/A:	
Address:			
Email:		Phone:	
Signature Owner/Agent:			Date:
Cost of Improvement:		PA Contractor #:	
Historical Site #:			
Historical Commission Conditions Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Historical Commission Officer:			



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Sign Approval Section:

Contractor Name:		D/B/A:	
Address:			
Email:		Phone:	
Signature Owner/Agent:			Date:
Description of Work:			
Cost of Sign:		PA Contractor #:	Type of Sign
Existing Sign on Property:		Shopping Center:	
Is sign located on Historical Structure or Property:			
Sign Dimensions:	Height:	Width:	Top Height from Ground:
Electrical Inspector/Plans Examiner:			Date:
Code Officer:			Date:

Permit #:	Permit Fee:
Receipt #:	Paid Date:

Flood Approval Section:

Contractor Name:		D/B/A:	
Address:			
Email Address:		Phone:	
Signature Owner/Agent:			Date:
Description of Work:			
Permit #:		PA Contractor #:	
Is a DEP permit required:			
Flood Permit Conditions Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Flood Administrator:			Date:
Code Officer:			Date:

Permit #:	Permit Fee:
Receipt #:	Paid Date:

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Use & Occupancy Approval Section:

Contractor Name:		D/B/A:
Address:		
Email Address:		Phone:
Signature Owner/Agent:		Date:
Cost of Improvement:		PA Contractor #:
U&O Fee:		ED/Training: \$4.50
Occupancy Classification:		Occupant Load:
Zoning Officer:		Date:
Code Officer:		Date:
Public Works Officer:		Date:
Permit #:		Permit Fee:
Receipt #:		Paid Date:

The applicant certifies that all information on this application is correct & the work will be completed in accordance with the “approved” construction documents & PA Act 45 (Uniform Construction Code) & any additional approved building code requirements adopted by the Municipality. The property owner & applicant assumes the responsibility of locating the property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit & approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances & regulations. Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator’s authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature Owner/Agent:		Date:	
Print Name of Signature:			