

Revised 5/27/09

1039 Wilmington Pike West Chester, PA 19382 610-692-1930

WESTTOWN TOWNSHIP

Post Office Box 79 Westtown, PA 19395 FAX 610-692-9651

DATE OF APPLICATION:					
PROJECT NAME:					
PROJECT ADDRESS				, PA	
NAME OF OWNER:					
ADDRESS OF OWNER:				 	
RESPONSIBILI	TY FOR PRO	FESSIONAL	REVIEW A	ND/OR INSP	ECTION FEE
IF PROFESSIONAL ENGINEERS ARE RESPONSIBLE FOR ADDITION TO THE EAS SOON AS THE FINSPECTION FIRM. THE DATE OF THE WITHIN THIRTY DAY DURING THE CONSINTERNATIONAL BINSPECTIONS WILL ENGINEERING FIRM LABOR. THE FEES THE RESPONSIBILITY A CERTIFICATE OF AS OWNER, OR AUTHE ABOVE CONDIREVIEW AND/OR IN:	EQUIRED, TO THE COSTS BUILDING PEES ARE RESEARE RESEAR	THE OWNER OF THESE ERMIT FEE A ECEIVED FF ES MUST BI WESTTOWN JR A LATE C SPECIAL INS ODE OF 20 EFORMED BY THE AS A RESUI PROPERTY OF Y WILL BE IS REPRESENT ACCEPT RE	OF THIS PIREVIEWS. ND WILL BEROM THE THE PAID WITH TOWNSHIP HARGE OF 100 MAY BEROM BY INDEPERIONS, TOF THESE DWNER AND SUED BY WESPONSIBILI	ROJECT AG THESE FEE BILLED TO IIRD PARTY HIN THIRTY PAYMENT 1-1/2% PER I AS MANDA E REQUIRE NDENT, TH ANIA DEPA E INSPECTION O MUST BE F ESTTOWN T HE OWNER, TY FOR PR	REES TO B S WILL BE II THE OWNEI REVIEW, OI DAYS FROI S NOT MAD MONTH. ATED BY TH ED. THES HIRD PART ARTMENT O ONS WILL B PAID BEFOR TOWNSHIP.
SIGNATURE OF OWNER		PRINT NAME OF O	OWNER	DATE	_