



West Brandywine Township Police Department
198 Lafayette Road • West Brandywine, Pennsylvania • 19320
Emergency 911 • Non-Emergency (610) 383-7000
Police Administration (610) 380-8201 • Fax (610) 384-0438
wbpolice@wbrandywine.org



Dear Resident/Business Owner:

Attached you will find the following four (4) forms for **Alarm Installation**:

- 1) Contractor's Insurance Verification Registration
- 2) Emergency Notification Form
- 3) Alarm Installation Application Form
- 4) Waiver

The Contractor's Insurance Verification Registration must be given to the contractor who is installing your alarm. Any contractor doing business in West Brandywine Township is required to have a contractor's verification number issued. If they say they are registered to work in the Township they will have an insurance verification number issued by the Codes Department. For your safety, ask to see that card, and put that contractor's insurance verification number on your application next to their company name.

The Emergency Notification Form is to provide the police department with a list of names and telephone numbers of people to contact in the event of a problem with your residence or business during alarm activation.

The Alarm Installation Application Form is used to provide the police department with information on residents and businesses utilizing alarm systems in West Brandywine Township. Fees as specified on Permit Fee Schedule.

The requested information on both forms is basic and self-explanatory. This information is kept confidential and is used only in the event of an alarm or other emergency or problem with your residence/business; i.e. discovered break-in, fire, etc.

When the forms are completed in their entirety, please attach any applicable fees and return them either in person or by mail, to the address listed above. If at any time there are deletions or additions to be made to the forms, please notify the police department so your information can be updated.

This request is made so that the police department can better serve you. Your cooperation in this matter will be appreciated.

Jeff Kimes
West Brandywine Township
Lieutenant/Department O.I.C.

Enclosures

WEST BRANDYWINE TOWNSHIP CODE ENFORCEMENT OFFICE

198 Lafayette Road

West Brandywine, PA 19320

Phone: 610-380-8200 Fax: 610-384-4934

CONTRACTOR'S VERIFICATION REGISTRATION

FEE: \$45.00

DATE: _____

Contractor's engaging in any and all types of construction shall register with West Brandywine Township Codes Office annually prior to commencing work within the Township. A check shall accompany completed application, made payable to West Brandywine Township.

Please complete the application in its entirety. Sign and date application, include current Certificate of Insurance naming West Brandywine Township as the Certificate Holder, specifying minimum general liability and workers compensation limits as outlined below. If you are filing a self-employment or religious exemption, and are not required to carry Workers Compensation Insurance, please complete and have notarized the attached Affidavit for submittal along with the Application. If the Affidavit is not completed, processing of the application will be delayed. Also include a copy of your State License or at minimum, your PA number.

The following minimum insurances are required to obtain a valid Registration Certificate:

- a. General Liability - 1) Per Occurrence - \$500,000.00; 2) Per Personal Injury - \$500,000.00; 3) Property Damage - \$1,000,000.00
- b. Automobile Liability - 1) Combined Coverage - \$1,000,000.00
- c. Workers Compensation and Employer's Liability - 1) Each Accident - \$100,000.00

CONTRACTOR INFORMATION:

Contractor's Name: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Names of principal partner or officer: _____

Type of Contractor: _____

Number of Employees: _____ If you have no employees and you do not have worker's compensation insurance, please complete attached Affidavit, sign, notarize, and include with this application.

Municipalities presently certified in: _____

Certificate of Insurance attached: _____ Yes _____ No

CERTIFICATION: THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Print Name

Signature

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Worker's Compensation Insurance Coverage to comply with Act 44 of 1993

AFFIDAVIT

To be completed if Applicant is a contractor claiming exemption from providing Worker's Compensation Insurance, i.e. if you have no employees or claiming exemption on religious grounds, the Affidavit must be completed, signed and notarized. Contractor's Insurance Verification process will be delayed if Affidavit is not completed.

Name of Applicant: _____

Federal or State Employer or Tax Identification No: _____

The undersigned swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons as indicated:

Contractor and sole proprietor without employees-Contractor prohibited by Law from employing any individual to perform work pursuant to this Building Permit unless Contractor provides proof of insurance to the _____ Township.

_____ Contractor exempt on religious grounds qualified under Section 304.2 of the WC Act.

Signature of Applicant

Date

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Subscribed and sworn to before me this _____ *day of* _____

Signature of Notary Public

My Commission Expires:

WEST BRANDYWINE TOWNSHIP
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EMERGENCY NOTIFICATION

Date:

Resident/Business Owner Name: _____

Address: _____

Telephone: _____

Type of Business: _____

EMERGENCY CONTACTS AND TELEPHONE NUMBERS
(Please provide at least three (3) names in order of preference)

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

#6 _____

ALARM INFORMATION:

Type of Alarm: _____
(Intrusion, hold-up, fire and/or panic)

Alarm Company: _____

Telephone: _____

Note: Alarm installation application must also be filed.

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ALARM INSTALLATION APPLICATION

(To be filed in conjunction with attached emergency notification)

Property Owner: _____

Address: _____

Telephone: _____

ALARM INSTALLATION INFORMATION

Company Name: _____

Address: _____

Telephone: _____

RECEIVING AGENT OF ALARM

Company Name: _____

Address: _____

Telephone: _____

Application fee: \$_____ Date paid: _____

THE APPLICANT HEREBY AGREES TO ABIDE BY THE PROVISIONS SET FORTH IN WEST BRANDYWINE TOWNSHIP ORDINANCE NO. 93-03 of 1993, APPROVED BY THE BOARD OF SUPERVISORS OF WEST BRANDYWINE TONWSHIP ON SEPTEMBER 16, 1993.

Signature of Alarm Owner: _____

Signature of Alarm Installer: _____



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WAIVER

I/We the undersigned applicant(s) for an alarm device permit, intending to be legally bound hereby, agree with West Brandywine Township that neither I/We, nor anyone claiming by, through, or under me/us shall make any claim against West Brandywine Township, its officials or agents for any damages caused to the premises at which the alarm device is or will be located, if such damage is caused by forced entry to the said premises by employees of West Brandywine Township in order to answer an alarm from said alarm device at a time when said premises are or appear to be unattended or when in the discretion of said employee the circumstances appear to warrant a forced entry.

1. _____
(Signature) (Date)

2. _____
(Signature) (Date)