



**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@wbrandywinepd.org

Walter Werner  
*Chief of Police*

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 license. If they say they are registered to work in the Township they will have a license issued by the Codes Department. For your safety, ask to see that card, and put that contractor's license 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. A copy of the alarm ordinance is also provided.

The requested information on both forms is basic and self-explanatory. This information is kept strictly 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 up dated.

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

Walter M. Werner  
West Brandywine Township  
Chief of Police

Enclosures

**WEST BRANDYWINE TOWNSHIP**  
198 Lafayette Road  
Coatesville, PA 19320  
Phone: 610-380-8201 Fax: 610-384-0438

**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 B RANDYWINE TONWSHIP ON SEPTEMBER 16, 1993.**

Signature of Alarm Owner: \_\_\_\_\_

Signature of Alarm Installer: \_\_\_\_\_

**WEST BRANDYWINE TOWNSHIP**  
198 Lafayette Road  
Coatesville, PA 19320  
Phone: 610-380-8201 Fax: 610-384-0438

**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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***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)

Walter M. Werner  
Chief of Police

**WEST BRANDYWINE TOWNSHIP  
CODE ENFORCEMENT OFFICE**

198 Lafayette Road  
Coatesville, PA 19320  
Phone 610-380-8200 Fax 610-384-4934

**Fee \$45.00**

**Contractor Insurance Verification Registration**

Contractors engaging in any and all types of home improvements shall register with West Brandywine Township Codes Office prior to commencing home improvements 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 Certificate of Insurance - West Brandywine Township shall be noted 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.**

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

**Valid from January 1<sup>st</sup> to December 31<sup>st</sup> annually.**

**CONTRACTOR INFORMATION**

Contractor's Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

Names of principal partners or officers:

\_\_\_\_\_

Type of Contractor \_\_\_\_\_

Number of Employees \_\_\_\_\_ If you have no employees and you do not have worker's compensation insurance, please complete the Affidavit **sign and notarize** to be included with this application.

Municipalities presently certified in: \_\_\_\_\_

Work to be performed at: \_\_\_\_\_

Certificate of Insurance attached:      Yes                      No                      Faxed

CERTIFICATION: The above statements are true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AFFIDAVIT**

**To be completed if Applicant is a contractor claiming exemption from providing Workers' 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 Application process will be delayed if Affidavit not complete.**

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Workers' Compensation Insurance Coverage to comply with Act 44 of 1993

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Name of Applicant: \_\_\_\_\_

Federal or State Employer or Tax Identification No.: \_\_\_\_\_

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' 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 and exempt on religious grounds qualified under Section 304.2 of the WC Act.

Signature (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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

My Commission Expires: \_\_\_\_\_