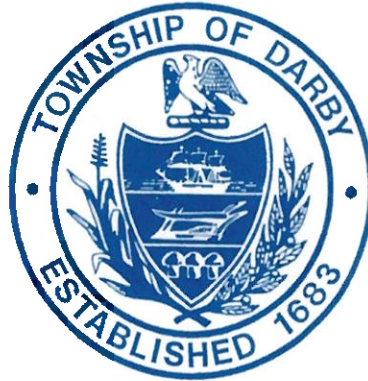


WELCOME TO



**2021**

21 BARTRAM AVENUE

GLENOLDEN, PENNSYLVANIA 19036

Phone (610) 586-1514 Fax (610) 586-0779

GENERAL INFORMATION FOR  
NEW BUSINESSES

PLEASE VISIT OUR WEBSITE

[www.darbytwp.org](http://www.darbytwp.org)

COMMISSIONERS  
ROBERT GOUGLER *PRESIDENT*  
JOHN LACEY *VICE PRESIDENT*  
MARVIN SMITH  
TAMARA TALIAFERRO  
MICHAEL FITZ



TOWNSHIP OFFICIALS  
PAUL STRUS, *CONTROLLER*  
BARRY H. MERLINO, *TREASURER*  
BEATRICE POE, *SECRETARY*  
NICOLE WHITAKER, *MS MANAGER*

MICHAEL P. PIERCE  
*SOLICITOR*

21 BARTRAM AVENUE  
GLENOLDEN, PENNSYLVANIA 19036  
610-586-1514 FAX:# 610-586-0779 [www.darbytp.org](http://www.darbytp.org)

Dear Business Owner,

Welcome to DARBY TOWNSHIP!

As a new business owner in Darby Township, we know that you have hundreds of things to do. So to make your move to Darby Township easier, we have prepared this booklet.

Enclosed, please find the following:

1. Use and Occupancy permit application
  - a. This application must be completed before you move into your building. An inspection must be made.
2. Business Privilege License, Business Privilege Tax (estimated and actual), and Local Service Tax sample forms are included in this booklet.
  - a. These forms will be sent to you annually by Municipal Resource Recovery Systems, LLC. (MRRS, LLC) in Media, PA.
3. Fire Permits
  - a. Fire permits are invoiced annually. It requires an inspection.
4. Annual Rental Inspection Form
  - a. Needed for all rented properties. You will receive an invoice for annual rental and this requires an inspection.
5. Health inspection by the Township Board of Health
  - a. Only required for businesses that prepare and/or sell food.
6. Trash and Recycling
  - a. Pennsylvania Act 101 requires all businesses to separate trash and recycling. Tonnage must be reported annually to the Township.
7. Mechanical Devices (red box, juke boxes, pool tables, etc.)
  - a. You must obtain an annual permit for these devices. Please consult the section on Mechanical Devices to see if your business applies.
8. Permits
  - a. If any renovations take place, you must contact the Township to obtain the proper work permits.

We certainly hope that we have not overwhelmed you, but we want to make sure that you understand what is expected of you as a business owner in Darby Township. In addition, we hope you have a long and prosperous stay in our town.

Keep in mind, you will use Sharon Hill, Folcroft or Glenolden Post Office and zip code for your mailing address, but you are physically in Darby Township. Should you receive correspondence from any of the above mentioned townships, please call Darby Township and ask if it pertains to your business.

If we can be of any assistance to you and your business, please do not hesitate to contact our office at 610-586-1514.

Sincerely,

A handwritten signature in black ink that reads "Robert Gougler". The signature is written in a cursive style with a large, sweeping flourish at the end.

Robert Gougler  
President

### **Fire Permits**

Each business, on a yearly basis, will be inspected for fire safety. This is to ensure that all businesses comply with the Uniform Construction Fire Code. These inspections are unannounced. Any problems that arise from these inspections are referred to the Township Fire Marshal. We invoice in November each year for the following year's compliance. This payment is due by the end of January. All inspectors do carry township identification cards for your protection.

### **Rental Inspections**

All rental properties, whether commercial, business, or residential, are inspected on a yearly basis to ensure all properties are properly maintained. We invoice in November for these properties and it is each tenant's responsibility to schedule the inspection.

### **Health Inspections**

If your business handles the preparation or sale of food, in any way, we require an annual health inspection. We follow the Pennsylvania Department of Agriculture & Health Standards for these inspections.

### **Trash & Recycling Containers**

It is important that you notify the Township once you contract with a trash and recycling contractor. We are required to report your recycling totals to the Commonwealth of Pennsylvania annually. The recycling form will be sent out to you in November with the rental and fire inspection invoice.

### **Mechanical Devices**

In order to have any mechanical devices for amusement or vending purposes in your place of business, you need to first obtain a permit, per Chapter 13 Part 1 of the Code of Ordinances (as revised). The fee amounts can be found in the Forms and Literature section of our website ([www.darbytwp.org](http://www.darbytwp.org)). As of 2015, this ordinance shall include, but is not limited to, marble machines, pinball machines, skill ball, mechanical grab machines, mechanical bowling machines, photoelectric shooting or target machines, electronic video games, air-hockey tables, football games, and all games, operations or transactions similar thereto under whatever name they may be designated or described. It shall also include any vending machines which vend products, including but not limited to, food, drinks, toys and entertainment media.

TOWNSHIP OF DARBY  
LICENSE & INSPECTIONS DEPARTMENT  
21 BARTRAM AVENUE, GLENOLDEN, PA 19036  
PHONE (610) 586-1514 FAX (610) 586-0779  
[www.darbytwp.org](http://www.darbytwp.org)

License # _____
-----------------

**APPLICATION FOR CONTRACTORS LICENSE**

**Please Print Legibly**

Pursuant to Township Ordinance #570, and submission of the fee of \$150.00, I hereby apply for a contractor's license for work in the Township, and I herewith I submit the following:

**Business Owner Information**

**Date of Application** \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Required)

Type of Business: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Date Business Established \_\_\_\_\_ License # \_\_\_\_\_

Employer ID Numbers: City \_\_\_\_\_ State \_\_\_\_\_ Federal \_\_\_\_\_

Liability Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Worker Comp Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Ctf. of Insurance (Agent) \_\_\_\_\_ Phone # \_\_\_\_\_ Policy Period \_\_\_\_\_

**APPLICANT INFORMATION**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Required)

Prior Year License #: \_\_\_\_\_

TOWNSHIP OF DARBY  
LICENSE & INSPECTIONS DEPARTMENT  
21 BARTRAM AVENUE, GLENOLDEN, PA 19036  
PHONE (610) 586-1514 FAX (610) 586-0779  
[www.darbytwp.org](http://www.darbytwp.org)

License # _____
-----------------

**WORK EXPERIENCE LAST 4 YEARS – list last job first**

Employer \_\_\_\_\_ Kind of Business \_\_\_\_\_ Your Title \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information and /or statements contained herein are true and correct to the best of my knowledge and belief. I understand if I knowingly make any false statements herein I am subject to such penalties as may be prescribed by law or Township Ordinances.**

Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Authorized Signature Title \_\_\_\_\_ Date \_\_\_\_\_

***Township Issued License Number*** \_\_\_\_\_

TOWNSHIP OF DARBY  
LICENSE & INSPECTIONS DEPARTMENT  
21 BARTRAM AVENUE, GLENOLDEN, PA 19036  
PHONE (610) 586-1514 FAX (610) 586-0779  
[www.darbytwp.org](http://www.darbytwp.org)

**USE AND OCCUPANCY – COMMERCIAL AND LIGHT INDUSTRIAL APPLICATION AND CHECKLIST**

*Please Print Legibly*

Date: \_\_\_\_\_ Commercial: \_\_\_\_\_ Light Industrial: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Intended Use: Office: \_\_\_\_\_ Warehouse: \_\_\_\_\_ Other (explain): \_\_\_\_\_

Building Name: \_\_\_\_\_ Bay Number: \_\_\_\_\_ Move in Date: \_\_\_\_\_

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

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

Tenant Business Name: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Number of Restrooms: \_\_\_\_\_ Trash Collector: \_\_\_\_\_ # of Containers: \_\_\_\_\_

**An inspection is required within 30 days of moving into the location.**  
**PLEASE CONTACT TOWNSHIP OFFICE TO SCHEDULE AN INSPECTION OF THE PROPERTY**

**OFFICE USE ONLY**

Code Enforcement Officer: \_\_\_\_\_ Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Folio#: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Agent/Manager: \_\_\_\_\_

Agent/Manager Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**This Application must be accompanied by a check or money order payable to the Township of Darby in the amount of \$175.00 dollars. A no show fee will be assessed at \$100.00; and a reinspection fee of \$100.00 will be required. Failure to obtain a permit prior to occupancy results in double fees.**

TOWNSHIP OF DARBY  
LICENSE & INSPECTIONS DEPARTMENT  
21 BARTRAM AVENUE, GLENOLDEN, PA 19036  
PHONE (610) 586-1514 FAX (610) 586-0779  
[www.darbytwp.org](http://www.darbytwp.org)

**USE AND OCCUPANCY – COMMERCIAL AND LIGHT INDUSTRIAL APPLICATION AND CHECKLIST**

*Please Print Legibly*

Date: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_  
Name of Business: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Building/Bay/ Apartment Number: \_\_\_\_\_

**Exterior Grounds:**

Debris: \_\_\_\_\_ Dumpster with lids: \_\_\_\_\_ Trash cans with lids: \_\_\_\_\_ Accessory structures: \_\_\_\_\_  
Pipes/other openings Rodent proof: \_\_\_\_\_ Cement sidewalks: \_\_\_\_\_ Fences: \_\_\_\_\_ Paint: \_\_\_\_\_  
Downspouts: \_\_\_\_\_ Steps: \_\_\_\_\_ Handrails: \_\_\_\_\_ Grass cut: \_\_\_\_\_ Curbs: \_\_\_\_\_ Other: \_\_\_\_\_

**Interior Common Area – Apartments:**

Self-closing interior doors: \_\_\_\_\_ Self-locking doors each floor: \_\_\_\_\_ Hallway Lighting: \_\_\_\_\_  
Housekeeping of hallways: \_\_\_\_\_ Mounted Fire extinguishers: \_\_\_\_\_ Handrails: \_\_\_\_\_  
Exit lights: \_\_\_\_\_ Paint on walls and ceilings: \_\_\_\_\_ Leaks on walls or ceilings: \_\_\_\_\_  
Steps and stair treads: \_\_\_\_\_ Evidence of infestation: \_\_\_\_\_ Other: \_\_\_\_\_

**Accessory Areas:**

Fire Extinguishers: \_\_\_\_\_ Blue lights at extinguishers: \_\_\_\_\_ Exterior self-closing doors: \_\_\_\_\_  
Exterior doors with locking devices no more than ½ inch between door and threshold: \_\_\_\_\_  
Hallways clean and proper lighting: \_\_\_\_\_ Steps condition and lighting: \_\_\_\_\_ Treads: \_\_\_\_\_  
Leaks – walls or ceilings: \_\_\_\_\_ Paint flaking or missing tiles: \_\_\_\_\_ Rodents or insects: \_\_\_\_\_  
Exit signs: \_\_\_\_\_ Elevator cleanliness: \_\_\_\_\_ Storage room: \_\_\_\_\_ Washer/Dryer room: \_\_\_\_\_  
Boiler room: \_\_\_\_\_ Basement/cellar-concrete: \_\_\_\_\_  
Windows at or near ground level rodent proof: \_\_\_\_\_ Other: \_\_\_\_\_

**STATUS CODING:    "S" SATISFACTORY    "N" NOT SATISFACTORY**



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**USE AND OCCUPANCY – COMMERCIAL AND LIGHT INDUSTRIAL APPLICATION AND CHECKLIST**

*Please Print Legibly*

Date: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_  
Name of Business: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Building/Bay/ Apartment Number: \_\_\_\_\_

Comments for Other: \_\_\_\_\_  
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**INSPECTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSPECTOR PRINT:** \_\_\_\_\_

# TOWNSHIP OF DARBY REQUEST FOR 2021 BUSINESS PRIVILEGE LICENSE

1. COMPANY/OWNER:	1-A. MRRS ACCT#:	1-B. (EIN) FEDERAL EMPLOYER IDENTIFICATION NUMBER:
2. DBA (Doing Business As):		
3. BUSINESS ADDRESS (Number, Street, City, State & Zip Code):		
4. MAILING ADDRESS (If different from above):		
5. BUSINESS PHONE NUMBER (Required):	5-A. BUSINESS FAX NUMBER:	5-B. NAICS/SIC CODE:
6. EMAIL:		6-A. BUSINESS/COMPANY CONTACT:
7. INDIVIDUALS', PARTNERS' OR OFFICERS' NAMES:	7-A. INDIVIDUALS', PARTNERS' OR OFFICERS' MAILING ADDRESS:	7-B. INDIVIDUALS', PARTNERS' OR OFFICERS' SOCIAL SECURITY NUMBER:
8. TYPE OF ORGANIZATION (Check):		
<input type="checkbox"/> INDIVIDUAL PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> FIDUCIARY <input type="checkbox"/> CORPORATION              DATE INCORPORATED _____              STATE INCORPORATED _____		
9. DESCRIBE NATURE OF BUSINESS:		
10. DATE TOWNSHIP OF DARBY OPERATIONS BEGAN:		
11. ADDRESS WHERE BUSINESS PRIVILEGE LICENSE SHOULD BE MAILED:		

**I certify that all information and statements made herein are true and correct to the best of my knowledge.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name & Title)

\_\_\_\_\_  
(Date)

**LICENSE REQUEST AND PAYMENT IN THE AMOUNT OF \$25 MUST BE RECEIVED BY JANUARY 31, 2021.**  
*(LATE APPLICATIONS AND/OR PAYMENTS WILL BE PENALIZED AN ADDITIONAL \$25 PER LICENSE PER YEAR)*

**MAKE CHECK OR MONEY ORDER PAYABLE AND REMIT TO:**

**TOWNSHIP OF DARBY  
c/o MRRS, LLC  
P.O. BOX 1391  
MEDIA, PA 19063**

**Contact Information:** Web: [www.MRRSLLC.com](http://www.MRRSLLC.com) Email: [INFO@MRRSLLC.com](mailto:INFO@MRRSLLC.com) Telephone: 610-565-1396

PLEASE RETAIN A COPY FOR YOUR RECORDS  
2021\_DEL\_15\_BPR LIC

**TOWNSHIP OF DARBY  
BUSINESS PRIVILEGE TAX RETURN  
2021 ESTIMATED**

COMPANY/OWNER:		MRRS ACCOUNT #:
DBA (Doing Business As):		EIN:
BUSINESS ADDRESS:		
TELEPHONE:	EMAIL:	

**CALCULATION OF ESTIMATED TAX FOR LICENSE YEAR 2021**

1. GROSS RECEIPTS OF SALES FROM JANUARY 1, 2020 THROUGH DECEMBER 31, 2020: \$ \_\_\_\_\_
2. IF BUSINESS COMMENCED AFTER JANUARY 1, 2021: Indicate starting date \_\_\_\_\_  
 Multiply your average monthly volume of business (\$ \_\_\_\_\_) by twelve (12) \$ \_\_\_\_\_
3. TEMPORARY OR SEASONAL: Report gross receipts of sales and file 30 days after end of operation. \$ \_\_\_\_\_

INDICATE VOLUME OF BUSINESS TRANSACTED	A. WHOLESALE	B. RETAIL	C. RENTAL/SERVICES
4. GROSS RECEIPTS OF SALES FROM LINE 1, 2 OR 3			
5. TAX RATE	.001	.0015	.0015
6. ESTIMATED TAX FOR 2021 (Total of Gross Receipts Times Tax Rate)	(4A x .001)	(4B x .0015)	(4C x .0015)

7. TOTAL AMOUNT OF ESTIMATED TAX FOR 2021: (Lines 6A + 6B + 6C) \$ \_\_\_\_\_
8. CARRYOVER CREDIT DUE FROM OVERPAYMENT ON 2020 ACTUAL \$ \_\_\_\_\_
9. ESTIMATED 2021 TAX OR CREDIT DUE: (Difference of Line 7 minus Line 8) \$ \_\_\_\_\_
10. PENALTY AND INTEREST: (Returns filed and/or payments made after May 15, 2021 will be subject to the following penalties and interest):
- 10-A. PENALTY: Add 10% penalty of Total Tax Due (Line 7) \$ \_\_\_\_\_
- 10-B. INTEREST: (multiply Line 7 x Interest Rate x Number of months delinquent) \$ \_\_\_\_\_  
 Wholesale/Retail/Rental/Service - Add interest at a rate of 1% per month or fraction thereof \$ \_\_\_\_\_
11. TOTAL ESTIMATED TAX, PENALTY AND INTEREST DUE: (Sum of Line 9 plus Line 10) \$ \_\_\_\_\_

I/we declare under penalty of law that all statements made herein and/or in supporting schedules are true, correct and complete to the best of my/our knowledge and belief.

\_\_\_\_\_  
 Signature of Preparer (if other than Taxpayer)      Signature of Taxpayer      Title      Date

**ALL ESTIMATED TAXES MUST BE PAID BY MAY 15, 2021 OR BE SUBJECT TO PENALTIES & INTEREST PER ORDINANCE - NO EXTENSIONS FOR ESTIMATED TAX PAYMENTS**

**MAKE CHECK OR MONEY ORDER PAYABLE AND REMIT TO:**

**TOWNSHIP OF DARBY  
c/o MRRS,LLC  
P. O. Box 1391  
Media, PA 19063**

Contact Information: Web: [www.mrrsllc.com](http://www.mrrsllc.com) Email: [Info@MRRSLLC.com](mailto:Info@MRRSLLC.com) Telephone: 610-565-1396

PLEASE RETAIN A COPY FOR YOUR RECORDS

**TOWNSHIP OF DARBY  
BUSINESS PRIVILEGE TAX RETURN  
2020 ACTUAL**

COMPANY/OWNER:		MRRS ACCT #:
DBA (Doing Business As):		
BUSINESS ADDRESS:		EIN:
TELEPHONE:	EMAIL:	

**CALCULATION OF ACTUAL TAX FOR LICENSE YEAR 2020**

INDICATE VOLUME OF BUSINESS TRANSACTED	A. WHOLESALE	B. RETAIL	C. RENTAL/SERVICES
<b>1. GROSS RECEIPTS OF SALES FROM BUSINESS JANUARY 1, 2020 - DECEMBER 31, 2020</b>  NOTE: INDIVIDUALS—Attach a copy of Form 1040 (page 1) plus Schedule C and Schedule E (if applicable). PARTNERSHIPS—Attach Form 1065 (page 1). CORPORATIONS—Attach Form 1120 or 1120S (page 1).			
<b>2. TAX RATE</b>	.001	.0015	.0015
<b>3. TAX FOR 2020</b> (Total of Gross Receipts Times Tax Rate)	(1A x .001)	(1B x .0015)	(1C x .0015)

- 4. TOTAL AMOUNT OF TAX FOR 2020:** (Lines 3A+3B+3C) \$ \_\_\_\_\_
- 5. AMOUNT OF ESTIMATED TAX (Excluding penalties and interest) PAID IN 2020:** \$ \_\_\_\_\_
- 6. ADDITIONAL 2020 TAX OR CREDIT DUE:** (Difference of Line 4 minus Line 5) \$ \_\_\_\_\_
- 7. PENALTY AND INTEREST:** (Returns filed and/or payments made after MAY 15, 2021 will be subject to the following penalties and interest)
- 7-A. PENALTY: Add 10% penalty of Total Tax Due (Line 4) \$ \_\_\_\_\_
- 7-B. INTEREST: (multiply Line 4 x Interest Rate x Number of months delinquent) \$ \_\_\_\_\_  
 Wholesale/Retail/Rental/Service - Add interest at a rate of 1% per month or fraction thereof
- \$ \_\_\_\_\_
- 8. TOTAL TAX, PENALTY AND INTEREST DUE:** (Sum of Line 6 plus Line 7) \$ \_\_\_\_\_

I/we declare under penalty of law that all statements made herein and/or in supporting schedules are true, correct and complete to the best of my/our knowledge and belief.

\_\_\_\_\_  
 Signature of Preparer (if other than Taxpayer)      Signature of Taxpayer      Title      Date

**THIS RETURN MUST BE FILED AND THE TAX PAID IN FULL BY MAY 15, 2021.**

**MAKE CHECK OR MONEY ORDER PAYABLE AND REMIT TO:**

TOWNSHIP OF DARBY  
 c/o MRRS, LLC  
 P. O. Box 1391  
 Media, PA 19063

Contact Information: Web: [www.MRRSLLC.com](http://www.MRRSLLC.com) Email: [INFO@MRRSLLC.com](mailto:INFO@MRRSLLC.com) Telephone: 610-565-1396

PLEASE RETAIN A COPY FOR YOUR RECORDS  
 2020\_DEL\_15\_BPTACT

**TOWNSHIP OF DARBY  
LOCAL SERVICE TAX**

PAYABLE TO: TOWNSHIP OF DARBY

ACCOUNT NUMBER: \_\_\_\_\_

c/o MRRS,LLC.  
P. O. Box 1391  
Media, PA 19063

**THIS TAX IS \$52 PER YEAR, PER EMPLOYEE, PRORATED**

PERIOD COVERED:                      DUE:  
 January 1– March 31                      April 30  
 April 1– June 30                              July 31  
 July 1– September 30                          October 31  
 October 1– December 31                      January 31

I DECLARE UNDER PENALTY OF LAW  
THAT THE INFORMATION HEREIN CONTAINED IS TRUE  
AND CORRECT.

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER OR SELF-EMPLOYED

1.	TOTAL NUMBER REPORTED HEREWITH (Forms DT-2)		
2.	GROSS AMOUNT OF TAX (Line 1 x \$52, prorated)		
3.	PENALTY (5% if paid after due date)		
4.	INTEREST (6% interest from original due date)		
5.	TOTAL– including any penalty and interest due.		

2020\_DEL\_15\_QLSTAX

MAINTAIN A COPY OF THIS FORM FOR  
YOUR RECORDS

**TOWNSHIP OF DARBY  
LOCAL SERVICE TAX**

PAYABLE TO: TOWNSHIP OF DARBY

ACCOUNT NUMBER: \_\_\_\_\_

c/o MRRS,LLC.  
P. O. Box 1391  
Media, PA 19063

**THIS TAX IS \$52 PER YEAR, PER EMPLOYEE, PRORATED**

PERIOD COVERED:                      DUE:  
 January 1– March 31                      April 30  
 April 1– June 30                              July 31  
 July 1– September 30                          October 31  
 October 1– December 31                      January 31

I DECLARE UNDER PENALTY OF LAW  
THAT THE INFORMATION HEREIN CONTAINED IS TRUE  
AND CORRECT.

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER OR SELF-EMPLOYED

1.	TOTAL NUMBER REPORTED HEREWITH (Forms DT-2)		
2.	GROSS AMOUNT OF TAX (Line 1 x \$52, prorated)		
3.	PENALTY (5% if paid after due date)		
4.	INTEREST (6% interest from original due date)		
5.	TOTAL– including any penalty and interest due.		

2020\_DEL\_15\_QLSTAX

MAINTAIN A COPY OF THIS FORM FOR  
YOUR RECORDS

TOWNSHIP OF DARBY  
**LOCAL SERVICE TAX**  
EMPLOYEE EVIDENCE OF PAYMENT

EMPLOYER INFORMATION

1. ACCOUNT NUMBER: \_\_\_\_\_  
2. NAME & ADDRESS OF EMPLOYER OR SELF-EMPLOYED (Please use trade name.):

2016 FORM DT-2

EMPLOYEE (TAXPAYER) INFORMATION

1. NAME: \_\_\_\_\_  
2. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
3. SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

INSTRUCTIONS

Complete quarterly with form DT-1 and payment of \$52 per employee, per year, prorated (plus any applicable penalty and interest). Maintain a copy for your records. Provide a copy to your employee. Includes owner-operators.

DATE FILED: \_\_\_\_\_

TOWNSHIP OF DARBY  
**LOCAL SERVICE TAX**  
EMPLOYEE EVIDENCE OF PAYMENT

EMPLOYER INFORMATION

1. ACCOUNT NUMBER: \_\_\_\_\_  
2. NAME & ADDRESS OF EMPLOYER OR SELF-EMPLOYED (Please use trade name.):

2016 FORM DT-2

EMPLOYEE (TAXPAYER) INFORMATION

1. NAME: \_\_\_\_\_  
2. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
3. SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

INSTRUCTIONS

Complete quarterly with form DT-1 and payment of \$52 per employee, per year, prorated (plus any applicable penalty and interest). Maintain a copy for your records. Provide a copy to your employee. Includes owner-operators.

DATE FILED: \_\_\_\_\_

TOWNSHIP OF DARBY  
LICENSE & INSPECTIONS DEPARTMENT  
21 BARTRAM AVENUE, GLENOLDEN, PA 19036  
PHONE (610) 586-1514 FAX (610) 586-0779  
[www.darbytpw.org](http://www.darbytpw.org)

**APPLICATION FOR BUILDING PERMIT**

*Please Print Legibly*

This application is a multiple use form for new buildings, additions, alterations, repairs, raising or tearing down any building, removal. A separate permit application is required for electric or plumbing work. Permits are required otherwise; No Use and Occupancy will be issued.

Date of Application: \_\_\_\_\_ Approximate start date: \_\_\_\_\_ completion date: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Location of building/work: \_\_\_\_\_

Estimated cost of contract: \$ \_\_\_\_\_ Frontage: \_\_\_\_\_ Depth: \_\_\_\_\_

Work being completed:

First Floor Area: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Second Floor Area: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Third Floor Area: \_\_\_\_\_ Square Footage: \_\_\_\_\_

**Building Inspector Approval:** \_\_\_\_\_ **BOC Approval:** \_\_\_\_\_

Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Signature of Builder/Owner: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

NOTE: The above application must be accompanied by a permit and application fee: A complete costs estimate, plans, drawings showing lot size, and location of the proposed improvements are required as part of this application. **NO Refunds on Permits.** If work is not started within six (6) months, a new permit/application is required.

Total calculated permit cost is \$ \_\_\_\_\_

Permit #: Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_ HVAC: \_\_\_\_\_

TOWNSHIP OF DARBY  
LICENSE & INSPECTIONS DEPARTMENT  
21 BARTRAM AVENUE, GLENOLDEN, PA 19036  
PHONE (610) 586-1514 FAX (610) 586-0779  
[www.darbytwp.org](http://www.darbytwp.org)

**BUILDING PERMIT - ADDENDUM**

Date of Application: \_\_\_\_\_ Approximate completion date: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Location of building/work: \_\_\_\_\_

**In compliance with Act 44 of 1993 code the applicant hereby submits (check one):**

- Certificate of Insurance (attach a copy)
- Certificate of self-Insurance (attach a copy)
- Affidavit of Exemption

**If certificate of insurance or self-insurance is submitted complete the following information:**

Name of the insured or self-insured: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Coverage period ends: \_\_\_\_\_

Name of Policyholder or Contractor: \_\_\_\_\_

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

State or Federal Identification Number: \_\_\_\_\_

1. Policy provides coverage under the Workers Compensation Act, Occupational Disease Act, Federal Longshore and Harbor workers Compensation Act, if Applicable,
2. Insurer has been notified that Township of Darby is to be named as certificate holder.
3. Subcontractors working on the project must carry their own workers compensation insurance.
4. Contractor/Policyholder will notify the Township of any changes in status, cancellation, or expiration of workers compensation insurance.
5. Violations of the Workers Compensation Act or terms of the Permit will subject the contractor/policyholder to a Stop Work Order and incur fines and penalties as provided by law.



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If an Exemption is claimed, please complete the following and sign in the presence of a Notary Public:

Basis for the Exemption: (Check One):

- Applicant/Individual Owns the Property
- Contractor is a Sole Proprietorship
- Contractor is a Corporation and the only employees working on the project have and are qualified as Executive Employees under Section 104 of the Workers Compensation Act. Please explain: \_\_\_\_\_

- All contractors' employees on the project are exempt on religious grounds under section 304.2 of the Workers Compensation Act. Please explain: \_\_\_\_\_

- Other Reasons Please explain: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicants Federal or State Identification Number: \_\_\_\_\_

The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act. Violation of the Workers Compensation Act or the terms of this Permit will subject the applicant to a STOP WORK order and other penalties provided by Law.

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained herein are true and I am subject to penalties of 18 PA C.S.A 4904 relating to unsworn falsifications to authorities.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ Permit Number: \_\_\_\_\_