



Penn Township
Plumbing Work Permit Checklist

_____ Chester County Assessment Letter

_____ Workman's Compensation Form

_____ Plumbing Permit Application

***** ALL PERMITS MUST CONTAIN TWO (2) COPIES OF EACH AS WELL AS TWO (2)
SETS OF DRAWINGS/PLOT PLANS *****

Residential Zoning Officer

Scott Moran
610.637.1003
scottmoran@zoominternet.net

Commercial Zoning Officer

Tom Lowry
610.692.9232

COUNTY OF CHESTER ASSESSMENT OFFICE

313 W. MARKET STREET, SUITE 4202, P.O. BOX 2748, WEST CHESTER, PA 19380-0991

610-344-6105
Fax 610-344-5902
www.chesco.org

JONATHAN B. SCHUCK, MBA CPE
Director of Assessment

Dear Property Owner:

As you have applied for a building permit from your municipality, the county Assessment Office would like to advise you of the steps surrounding our involvement in the process. We would like to make sure that you are aware of what will take place during construction and after the improvement is finished.

- 1) The municipality is required to supply a list of all building and zoning permits to the Assessment Office monthly.
- 2) An assessor will visit your property when they are in your municipality (generally rotate through every 2 – 3 months).
- 3) When arriving at your property, the assessor will come to the front door and identify themselves wearing a Chester County I. D. badge and will present a business card. They will ask you questions about the building permit and may need to measure the improvements (from the outside).
- 4) If you are not home when the assessor arrives, a business card will be left with a note on the flip side of the card. The assessor will proceed to the improvement and measure if the work is sufficiently complete. Otherwise they will mark it for a revisit the next time they are in the municipality.
- 5) Please cooperate with the assessor, as he or she is simply trying to get the correct information about your improvement, so there will be no mistakes on the county record.
- 6) After the construction is finished or 30 months has elapsed your improvement will be assessed and added to your property record card.
- 7) You will receive a notice from our office changing your assessment reflecting the addition of the new improvement. If you require more information please call our office at 610-344-6105 and ask to speak to the assessor assigned to your municipality.

It is the intention of this letter to inform you of the assessment process so that you realize that we will be visiting your property. Please note that due to time constraints we generally **do not make appointments**, unless absolutely necessary. Please be patient when an assessor knocks on your door and answer any questions to the best of your ability. Thank you for your anticipated cooperation.

Sincerely,
Jonathan B. Schuck
Director
Susan L. Caldwell, CPE.
Chief Assessor

Taxing Authority-please run additional copies of this letter when your supply runs low.

**PENN TOWNSHIP
WORKERS' COMPENSATION INSURANCE
COVERAGE INFORMATION**

I. Applicant Information

Name: _____

Address: _____

A. Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law.
_____ Yes (Complete Sections II, III, IV, V and VI below as appropriate)

B. Applicant has hired or intends to hire a contractor within the meaning of the Pennsylvania Workers' Compensation Law.
_____ Yes (Complete Sections II, III, IV, V and VI below)

C. Applicant is property owner and doing own work.
_____ Yes (Complete Section V below)

II. Contractor's Federal or State Identification Number: _____

III. Insurance Information

If contractor is a qualified self-insurer for Workers' Compensation, attach Certificate of Insurance to this Addendum. If contractor subscribes for Workers' Compensation Insurance:

Name and address of Workers' Compensation Insurer: _____

Policy Number: _____ Policy Expiration Date: _____

ATTACH CERTIFICATE OF INSURANCE TO THIS ADDENDUM (Penn Township must be named as an additional insured on all Certificates of Workers' Compensation and/or all Certificates of Qualified Self-Insurance.)

IV. Exemption

This section to be completed ONLY if Applicant/Contractor is claiming exemption from providing Workers' Compensation Insurance. The undersigned swears and affirms that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

_____ Applicant/Contractor has no employees.

_____ Applicant/Contractor claims religious exemption under the Workers' Compensation Law.

In the event that Penn Township requires verification that a building permittee has filed an affidavit of exemption from Workers Compensation, has hired employees to perform work in connection with the building permit and has not obtained the required Insurance and provided Penn Township with the requisite information, Penn Township shall issue a STOP WORK ORDER. Such Stop Work Order shall remain in effect until proper Workers' Compensation coverage is obtained and proper documentation is received by Penn Township.

V. Applicant's signature below indicates that Applicant understands and accepts the requirements of this form.

Applicant's Signature

VI. Notarization

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF _____

Subscribed and sworn to me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

PENN TOWNSHIP, CHESTER COUNTY
APPLICATION FOR PLUMBING PERMIT

Sheet 1 of 3

No. _____

Date _____

(Furnish All Information Required)

APPLICANT _____
Name of Owner (Please Print) Phone No. _____
Address Zip Code _____

Application is hereby made for a permit for: _____
(Job Site Address)

New Work, Alterations, On-Site Sewage System Installation or Repair

And the following plans and specifications either hereon or attached (list drawings by No. and Title) _____

_____ are submitted for approval.

I (We) declare under penalties of perjury that this application (including any accompanying plans and specifications) has been examined by me (us) (our) knowledge and belief is a true, correct and complete application. Further, that all work will be performed according to the approved plans and specifications and in accordance with the Ordinances of Elk Township and the Laws and Regulations of the Commonwealth of Pennsylvania.

Signature _____ Signature _____
Owner Plumber

Address _____

Approved Disapproved

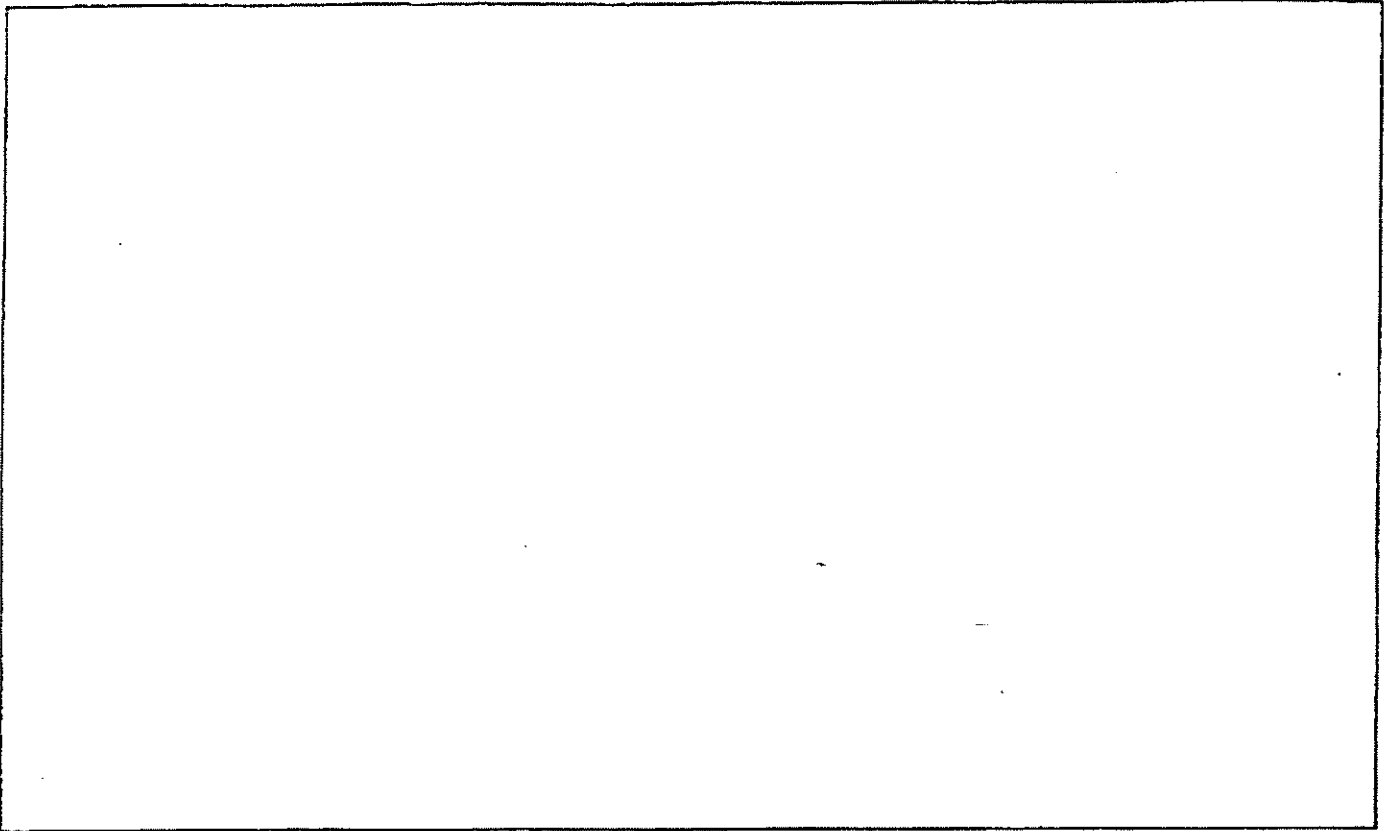
Date: _____ Fee: _____

Building Code Official/Zoning Officer _____

**PENN TOWNSHIP
APPLICATION FOR PLUMBING PERMIT**

Sheet 3 of 3

Plot Plan



Elevation

ROOF	
3rd	
2nd	
1st	
Basement	

New Work in Red. Old Work in Black. Use additional sheets if required or submit blueprints of job.