

### **Penn Township**

### **Pool Permit Checklist**

** Pool	permits are only required if the pool is more than 24 inches (2 feet) deep.
	_ Chester County Assessment Letter
	_ Workman's Compensation Form
	Zoning Permit Application
	Building Permit Application
	Electrical 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).
- When arriving at your property, the assessor will come to the front door and identify themself 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).
- 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.
- 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

1.	Appli	cant 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)
	В.	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)
11.	Contra	actor's Federal or State Identification Number:
III.	If con Adden	and address of Workers' Compensation Insurer:
	Policy	Number: Policy Expiration Date:
ľV.	Compe Compe followi	tion action to be completed ONLY if Applicant/Contractor is claiming exemption from providing Workers' insation Insurance. The undersigned swears of affirms that he/she is not required to provide Workers' insation Insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the ng reasons, as indicated:  Applicant/Contractor has no employees.  Applicant/Contractor claims religious exemption under the Workers' Compensation Law.
rom iot o hall	e event th Workers btained th issue a S	at Penn Township requires verification that a building permittee has filed an affidavit of exemption Compensation, has hired employees to perform work in connection with the building permit and has be required Insurance and provided Penn Township with the requisite information, Penn Township TOP WORK ORDER. Such Stop Work Order shall remain in effect until proper Workers' coverage is obtained and proper documentation is received by Penn Township.
7.	Applica	nt's signature below indicates that Applicant understands and accepts the requirements of this form.
	Applica	nt's Signature
1.	Notariza COMM COUNT	ONWEALTH OF PENNSYLVANIA  Y OF
	Subscrit	bed and sworn to me this day of, 20
	Notary I	Public

My commission expires

#### PENN TOWNSHIP, CHESTER COUNTY, PA APPLICATION FOR ZONING PERMIT

(Required prior to issuance of Building Permit and for all structures unregulated per PA Act 45)

Building Code Official Phone 610-692 Building Code Official Fax 610-692-2				ip Office Phone 610-869-9620 ship Office Fax 610-869-9194
Date		D	oes Applicant own	the property? 🗆 Yes 🗆 No
Applicant(Please Print) Name				
(Please Print) Name		Address		Phone No.
Property Owner				
(Please Print) Name		Address		Phone No.
Property Information				•
Site Location				
(Lot No.)		(House No.)	(	Street or Road)
Zoning District		Tax Par	cel No	
Parcel Type (circle one below)				
Residential Commercial	Industrial	Other (describe)		
Project Type (circle one below)		~		
New Principal Add Construction	ítìon	Renovation	New Acce	essory Construction
Was a Conditional Use Hearing required	? □no □yes lf	yes, attach copy of	the Conditional Us	e Decision.
Was a Zoning Hearing required? □ no	☐ yes If yes, attac	ch copy of the Zoni	ng Hearing Board's	Decision.
NOTE: All applications require two (2) driveways, and proposed buildings, addimensions to the property line. Please View indicating the elevation or height elevation view indicating the square foot I (WE) DECLARE UNDER THE ACCOMPANYING PLANS AND SPI (OUR) KNOWLEDGE AND BELIEF	ditions and/or drivever use a scale for the from finished grade age and height of structure PENALTIES OF ECIFICATIONS) HIS A TRUE, CORE	vays. Locate the eplans, such as 1" = e of the structure.  PERJURY THATAS BEEN EXAM	existing and propose 10'. Deck application Accessory structured This APPLICINED BY ME (USPLETE APPLICA	sed structures and driveways with ations must demonstrate a Section re applications require a plan and ICATION (INCLUDING ANY S) AND TO THE BEST OF MY TION. ALL CONSTRUCTION
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SIGNATURE OF APPLICANT(S)		SIGNA	TURE OF PROPE	RTY OWNER(S)
□ Approved □ Approved as noted	- "			Zoning District
Zoning Officer	Date	Fee ;	\$	Permit #
Notes				

## PENN TOWNSHIP, CHESTER COUNTY, PENNSYLVANIA APPLICATION AND AGREEMENT FOR BUILDING PERMIT

Building Code Official Phone 610-692-9232 Building Code Official Fax 610-692-2724

White - Original

Township Office Phone 610-869-9620 Township Office Fax 610-869-9194

nature of Applicant(s)  Signature of Property Owner(s)	Date	Does Applicant own	the property? ☐ Yes ☐ No
Property Owner    Property Owner	Applicant		Å.
(Please Print) Name Address Phone No.  Application is hereby made for a permit to Site Location (Lot No.) (House No.) (Street or Road)  Plot of Ground X Construction Costs* (BCO will calculate)  Plot of Ground X Construction Costs* (BCO will calculate)  Plot of Ground X Construction Costs* (BCO will calculate)  Plot of Ground X Construction Costs* (BCO will calculate)  Plot of Ground X Construction Costs* (BCO will calculate)  Plot of Ground X Construction Costs* (BCO will calculate)  Plot of Ground X Construction Costs* (BCO will calculate)  Plot of Ground X Construction Costs* (BCO will calculate)  Plot of Ground X Construction Costs shall be provided by Applicant E & S	(Please Print) Name	Address	Phone No.
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*Estimated construction costs shall be provided by Applicant  [include copy of contract/estimate] and shall be confirmed by  the Building Code Official to ensure consistency with the most  Current International Code Council Building Valuation Data.  Other  S  The higher amount between the estimated construction costs  other is the Building Valuation Data shall determine the permit fee.  Corrent International Code Council Building Valuation Data.  Other  S  TOTAL  Corrent International Code Council Building Valuation Data.  Other  S  TOTAL  Correct Total  Correct Total  Correct Total  Correct Two sets of plans and specifications shall accompany the application as well as two plot plans showing the size of the did the location of improvements thereon, giving side, rear and front yard requirements. Applicants must complete the attaction of improvements thereon, giving side, rear and front yard requirements. Applicants must complete the attaction of improvements thereon, giving side, rear and front yard requirements. Applicants must complete the attaction of improvements thereon, giving side, rear and front yard requirements. Applicants must complete the attaction of improvements thereon, giving side, rear and front yard requirements. Applicants must complete the attaction of improvements thereon, giving side, rear and front yard requirements. Applicants must complete the attaction from pursuant to the Workers Compensation Reform Act PA 44.  (WE) DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS APPLICATION (INCLUDING A CCOMPANYING PLANS AND SPECIFICATIONS) HAS BEEEN EXAMINED BY ME (US) AND TO THE BEST YIY (OUR) KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE APPLICATION. A CONSTRUCTION MUST CONFORM TO STANDARD ENGINEERING PRACTICES.  (WE) ACKNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE APPLICATION. A DONSTRUCTION MUST CONTAINED IN ANY DECISION BY THE BOARD OF SUPERVISORS/ZONIE  COMPLY WITH AND/OR SATISFY ALL OF THESE CONDITIONS AND REQUIREMENTS PRIOR TO THE US ADDITION AND AGREEMENT IN ADDITION TO ANY O	This huilding is to be used as	Garages \$	<u>\$</u>
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Yellow - Homeowner Pink - Township

### OWNER'S SIGNATURE I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. NOTE: ALL ELECTRICAL WORK SHALL CONFORM WITH ALL APPLICABLE ORDINANCES - FINAL ELECTRICAL INSPECTION CERTIFICATE REQUIRED DESCRIPTION OF ELECTRICAL WORK SIZE OF SERVICE: NAME OF OWNER NEW CONSTRUCTION O1 FAMILY O2 FAMILY O3 FAMILY OAPT. BLDG. INSPECTING AGENCY FOR INSPECTION NAME OF INSTALLER LOCATION NOTE: PLANS ARE REQUIRED FOR ALL ELECTRICAL WORK AS PER APPLICABLE ORDINANCES **ELECTRICAL PERMIT** APPLICATION FOR AIR CONDITIONING APPLICANT'S SIGNATURE PUBLIC BLDG. BUS.BLDG. ALTER REPAIR REPLACEMENT OIL BURNING EQUIPMENT ADDRESS OF OWNER ADDRESS OF INSTALLER USE OF PREMISES WEST GROVE, PA 19390-0039 LECTRICAL HEAT APPROVED BY PENN TOWNSHIP 260 LEWIS ROAD OTHER (SPECIFY) DATE ISSUED PHONE NUMBER PHONE NUMBER ESTIMATED COST PERMIT NO. DATE 20