



## **HVAC Permit Checklist**

- \_\_\_\_\_ Chester County Assessment Letter
- \_\_\_\_\_ Workman's Compensation Form
- \_\_\_\_\_ HVAC Permit Application

**\*\*\* ALL PERMIT SUBMISSIONS MUST CONTAIN:  
TWO (2) COPIES OF EACH PERMIT APPLICATION  
TWO (2) SETS OF DRAWINGS/PLOT PLANS \*\*\***

**Residential & Commercial  
Building/Zoning Inspector**

Scott Moran  
610-637-1003

[scott.accuratebuilding@gmail.com](mailto:scott.accuratebuilding@gmail.com)

**Penn Township Office**

610-869-9620

[office@penntownship.us](mailto:office@penntownship.us)

**Office Hours:**

Monday-Thursday  
CLOSED Fridays & Holidays  
8 AM to 4 PM

# 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.



**WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION**  
**PENN TOWNSHIP, CHESTER COUNTY, PENNSYLVANIA**  
**260 Lewis Road, West Grove PA, 19390**

**I. Applicant Information:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/Email \_\_\_\_\_

- A. Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation law.  
☐ Yes (Complete section II, III, IV, V, and VI below)
- B. Applicant has hired or intends to hire a contractor within the meaning of the Pennsylvania Workers' Compensation law.  
☐ Yes (Complete section II, III, IV, V, and VI below)
- C. Applicant is property owner 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 THE 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 or 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:

- ☐ 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 indicates that Applicant understands and accepts the requirements of this form.**

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*

**VI. Notarization**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

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



HEATING, AIR CONDITIONING, AND FUEL TANKS APPLICATION  
PENN TOWNSHIP, CHESTER COUNTY, PENNSYLVANIA  
260 Lewis Road, West Grove PA, 19390

Date: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Applicant \_\_\_\_\_  
Name Address Phone Number

Property Owner \_\_\_\_\_  
Name Address Phone Number

**Contractor Info** (if different than applicant):

\_\_\_\_\_  
Name Address Phone Number

Location: \_\_\_\_\_

New Building \_\_\_\_\_ Existing Building \_\_\_\_\_

Use of Property \_\_\_\_\_

Description of Work \_\_\_\_\_

**HEATING:**

Type of Fuel \_\_\_\_\_ Cost of Installation \_\_\_\_\_  
Name of Unit \_\_\_\_\_ Mfg. By \_\_\_\_\_  
Capacity Of Unit \_\_\_\_\_ Output \_\_\_\_\_

**AIR CONDITIONING:**

Capacity of Unit \_\_\_\_\_ Cost of Installation \_\_\_\_\_  
Distance from Property Line \_\_\_\_\_  
Name of Unit \_\_\_\_\_ Mfg. By \_\_\_\_\_

**FUEL TANKS: (ATTACH PLOT PLAN)**

Capacity of Tank \_\_\_\_\_ Type of Fuel \_\_\_\_\_  
Cost of Installation \_\_\_\_\_

The undersigned agrees to conform to all applicable laws of the Penn Township.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved ☐ Denied \_\_\_\_\_ Date: \_\_\_\_\_

Building Code Official

Fees \$ \_\_\_\_\_ Permit # \_\_\_\_\_ Tax Parcel # \_\_\_\_\_ Zoning District \_\_\_\_\_