



Sign Permit Checklist

- _____ Chester County Assessment Letter
- _____ Workman's Compensation Form
- _____ Zoning Permit Application
- _____ Sign Permit Application

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

Residential and Commercial Building/Zoning Inspector

Scott Moran
610-637-1003

scott.accuratebuilding@gmail.com

Penn Township Office

610-869-9620

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: _____



ZONING PERMIT APPLICATION
PENN TOWNSHIP, CHESTER COUNTY, PENNSYLVANIA
260 Lewis Road, West Grove PA, 19390

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

Date: _____ Applicant Email Address: _____

Applicant _____
Name Address Phone Number

Property Owner _____
Name Address Phone Number

Site Location _____
Lot Number House Number Street/ Road

Parcel Type (*check below*) Zoning District _____

Residential Commercial Industrial Other _____

Project Type (*check below*)

New Principal Construction Addition Renovation New Accessory Construction Other _____

Was a Conditional Use Hearing required? ☐ No ☐ Yes (*If yes, attach a copy of the Conditional Use Decision*)

Was a Zoning Hearing required? ☐ No ☐ Yes (*If yes, attach a copy of the Zoning Hearing Board's Decision*)

Note: All applications require two (2) copies of the site plan showing property lines, building setback lines, existing buildings and driveways, and proposed buildings, additions and/or driveways. Locate the existing and proposed structures and driveways with dimensions to the property line. Please use a scale for the plans 1" = 10'. Deck applications must demonstrate a section view indication the elevation or height from finished grade of structure.

I declare under the penalties of perjury that this application (including any accompanying plans and specifications) has been examined by me(us) and to the best of my(our) knowledge and belief is a true, correct and complete application. All construction must conform to standard engineering practices.

All owners must sign this application and agreement in addition to any other application.

Signature of Applicant

Signature of Property Owner

☐ Approved ☐ Denied _____ Date: _____

Building Code Official

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



SIGN PERMIT APPLICATION
PENN TOWNSHIP, CHESTER COUNTY, PENNSYLVANIA
260 Lewis Road, West Grove PA, 19390

To alter or erect a sign in accordance with the Zoning Ordinances and all other pertinent ordinances of Penn Township, Chester County, Pennsylvania, I, _____, the undersigned, hereby make application for a permit to erect a sign on a property on:

(Address/Location)

SIGN INFORMATION:

Type of sign (i.e., wall mounted, free standing, etc.) _____

Sign to be used for: (check one or more as appropriate)

☐ Business

☐ Home Occupation

☐ Industrial Park

☐ Temporary

☐ Farm Occupation

☐ Directional

☐ Oversized Real Estate Sign

☐ Subdivision Name

Other: _____

STRUCTURE SPECIFICATIONS:

Lot Size: _____

Lot Width: _____

Sign Height: _____ Width: _____ Length: _____

Height From Ground to Bottom of Sign: _____

Footings - Thickness: _____ Width: _____ Depth Below Grade: _____

Material of Construction: _____ Area of Sign (sf): _____

Estimated Cost: _____ Proposed Install Date: _____

APPLICANT INFORMATION:

Date: _____

Applicant Email Address: _____

Applicant _____
Name Address Phone Number

Contractor _____
Name Address Phone Number

Applicant Signature: _____ Date: _____

ALL APPLICATIONS MUST BE ACCOMPANIED WITH; Two (2) plot plans indicating the location of the sign. Two (2) plot plans of the actual sign and supporting structure as regulated by the Uniform Construction Code. An electrical permit, if needed.

IF SIGN IS TO BE ERECTED BY A COMMERCIAL SIGN COMPANY, A WORKERS' COMPENSATION FROM MUST BE COMPLETED IN ACCORDANCE WITH THE FOLLOWING PROCEDURE.

WORKERS' COMPENSATION AFFIDAVIT

I, _____, do solemnly swear that I will not employ/ hire any other persons for the project for which I am seeking a building/sign permit.

After receipt of the building/sign permit if I employee any other persons I must notify the Township office and provide proof of workman's compensation coverage within three (3) working days.

I understand that failure to comply will result in a stop-work order, that such order may not be lifted until proper coverage is obtained as provided by section 302(e)(4) of the act of June 2, 1915 (P.L. 736), known as the PA Workmans' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993.

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

Applicant Signature: _____

Notary Public: _____

My Commission Expires: _____

☐ Approved ☐ Denied _____ *Date:* _____

Building Code Official

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