



Small Wireless Facilities Permit Checklist

- _____ Chester County Assessment Letter
- _____ Workman's Compensation Form
- _____ Electrical Permit Application
- _____ Zoning Application
- _____ Small Wireless 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: _____



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

NOTE: Plans are required for all electrical work as per applicable ordinances

Date: _____ Installer/Applicant Email Address: _____

Property Owner _____
Name Address Phone Number

Installer _____
Name Address Phone Number

Site Location _____
Address

Use of Premises _____ Estimated Cost of Work _____

Inspection Agency _____

Check one:

☐ 1 Family ☐ 2 Family ☐ 3 Family ☐ Apt. Bldg. ☐ Public Bldg. ☐ Bus Bldg. ☐ Alter ☐ Repair ☐ Replacement

Check one:

☐ New Construction ☐ Air Conditioning ☐ Oil Burning Equipment ☐ Electrical Heat ☐ Other (specify)

Description of electrical work size of service:

NOTE: All electrical work shall conform with all applicable ordinances – final electrical inspection certificate required!

I hereby certify that the statements contained herein are true to the best of my knowledge and belief.

Signature of Applicant

Signature of Property Owner

☐ Approved ☐ Denied _____ Date: _____

Building Code Official

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



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 _____



SMALL WIRELESS FACILITIES PERMIT APPLICATION
PENN TOWNSHIP, CHESTER COUNTY, PENNSYLVANIA
260 Lewis Road, West Grove PA, 19390

Date: _____

Applicant _____

Name

Address

Phone Number

Applicant is a: ☐ Wireless Provider ☐ Representative ☐ Other (please specify): _____

Wireless Provider Name _____

Wireless Provider Address _____

Phone _____ Email _____

Contact Person For Project _____

Contact Person Address _____

Phone _____ Email _____

Proposed Location:

Closest Intersection (Distance and Direction from): _____

Right of way ☐

Private Property ☐

Existing Utility Pole/Wireless Support Structure Information:

Does the Project Involve a New Pole: Yes ☐ No ☐

Pole/Structure ID Number: _____ Height of Pole/Wireless Support Structure (feet): _____

Pole Color: _____ Pole Type: _____

Existing Attachment(s) on Utility Pole/Wireless Support Structure? (e.g., banners, light fixtures ☐ Yes ☐ No

Accessory Equipment proposed? Yes ☐ No ☐

Type: Vault _____ Cabinet _____ Pole _____

Proposed Location of Accessory Equipment _____

Owner of Pole/Wireless Support Structure _____

Name of Pole/Wireless Support Structure Representative _____

Representative Address _____

Phone _____ Email _____

Note: If the proposed Small Wireless Facility is to be attached to an existing pole owned by an entity other than the township, this Applicant/Wireless Provider must, with the application, provide legally competent evidence of the consent of the Owner of the Pole to the proposed Collocation.

Permission Received: Yes ☐ No ☐

Property Owner Information (If property is not township owned):

Property Owner Name _____

Property Owner Address _____

Phone _____ Email _____

Note: If the Small Wireless Facility is to be attached to an existing or new pole or wireless support structure located on property that is not Township right-of-way, the Applicant/Wireless Provider must provide legally competent evidence of the consent of the Private Property Owner to the proposed collocation. **Permission Received: Yes** ☐ **No** ☐

Contractor Information:

Name & Type of Contractor _____

1. _____

2. _____

3. _____

All contractors performing work in the Township must be [licensed/registered] by the Township prior to the issuance of any permit. Please provide appropriate proof of contractor licensing.

Other Approvals:

If any of the projects are situated within rights-of-way of the Pennsylvania Department of transportation, then additional permits from those entities must be obtained and provided as part of this application before a permit may issue.

Application Checklists and Requirements:

Each Application must be accompanied by the following to be deemed complete;

1. Site specific structural integrity and, for a Township utility pole, make-ready analysis by a structural engineer.
2. The location where each proposed small wireless facility, utility pole or wireless support structure would be installed and digital photographs of the location and its immediate surroundings depicting the utility poles or structures on which each proposed small wireless facility would be mounted or location where utility poles or structures would be installed. The photographs shall include a digital photo simulation of the proposed location providing “before and after” views, demonstrating the true visual impact of the proposed wireless facilities on the surrounding environment;
3. The equipment type and model numbers for the antennas and all other equipment associated with the small wireless facility;
4. A proposed schedule for the installation and completion of each small wireless facility, utility pole and wireless support structure covered by the application, if approved;
5. Copies of all licenses, permits and approvals required by or from the Township (i.e. zoning approval, where required), other agencies and units of government with jurisdiction over the design, construction, location and operation of said small wireless facility. The applicant shall maintain such licenses, permits and approvals in full force and effect and provide evidence of renewal or extension thereof when granted;
6. In the event the small wireless facility is proposed to be attached to an existing utility pole or wireless support structure owned by an entity other than the Township, legally competent evidence of the consent of the owner of such pole or wireless support structure to the proposed collocation;

7. In the even the small wireless facility is to be located on private property outside of the right-of-way, legally competent evidence of the consent of the owner of such property to the proposed collocation;

8. Application Fee(s);

9. If the proposed installation includes ground-mounted equipment, compliance with any applicable Township standards, including, where required: a landscape plan showing specific landscape materials, method of fencing, finished color and, if applicable, the method of camouflage or concealment;

10. Sufficiently detailed documentation establishing that the proposed installation will comply with all ordinances of the general application pertaining to installations in the right-of-way, right-of-way usage and the National Electric Code; and

11. Proof of minimum mandatory insurance, including self-insured retentions.

Attestation, Acknowledgement and Signature:

I attest, to the best of my knowledge and belief, that the information stated in this application and in all supporting plans and documents is true and accurate. In addition, to the best of my knowledge and belief, the proposed collocation of the small wireless facility sought by this application complies with the written design standards established by the Township, and with the various other requirements set forth in the Small Wireless Facilities Deployment Act, Chapter 290 of the Township Code, and other applicable provisions of the Township Code.

This is an application only. Completion of this application does NOT entitle the applicant to commence construction. I, the applicant, agree to conform to all applicable laws of the township. I also agree that all work performed will be in accordance with the plans and specifications as set forth in the approved permit. I understand that the approval of this application and issuance of a permit does not obviate the need to comply with all applicable laws and ordinances. I agree to hold harmless and indemnify the Township for any claim against the Township as the result of any act of commission or omission by or on behalf of the undersigned, his/her agent, principle, contractor, subcontractor or supplier. I, the undersigned, am the duly authorized and contracted representative of the applying entity/owner of the small wireless facility.

Signature of Applicant

Date

Printed Name of Applicant

Title

For Administrative Use Only

Date of submittal: _____

Application is: ☐ Complete ☐ Incomplete

If incomplete, list what documents/information is missing: _____

☐ Approved

☐ Denied

Building Code Official

Date: _____

Fees \$ _____

Permit # _____

Tax Parcel # _____

Zoning District _____