



**Penn Township**  
**Demolition Permit Checklist**

- \_\_\_\_\_ Chester County Assessment Letter
- \_\_\_\_\_ Workman's Compensation Form
- \_\_\_\_\_ Zoning Permit Application
- \_\_\_\_\_ Demolition 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](http://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, 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 610-692-9232  
 Building Code Official Fax 610-692-2724

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

Date \_\_\_\_\_

Does Applicant own the property?  Yes  No

Applicant \_\_\_\_\_  
 (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 Parcel No. \_\_\_\_\_

Parcel Type (circle one below)

Residential Commercial Industrial Other (describe) \_\_\_\_\_

Project Type (circle one below)

New Principal Construction Addition Renovation New Accessory Construction

Was a Conditional Use Hearing required?  no  yes If yes, attach copy of the Conditional Use Decision.

Was a Zoning Hearing required?  no  yes If yes, attach 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, such as 1" = 10'. Deck applications must demonstrate a Section View indicating the elevation or height from finished grade of the structure. Accessory structure applications require a plan and elevation view indicating the square footage and height of structure.

**I (WE) 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 AND APPLICANTS MUST SIGN APPLICATION.**

\_\_\_\_\_  
 SIGNATURE OF APPLICANT(S)

\_\_\_\_\_  
 SIGNATURE OF PROPERTY OWNER(S)

Approved  Approved as noted  Disapproved

Tax Parcel # \_\_\_\_\_ Zoning District \_\_\_\_\_

\_\_\_\_\_  
 Zoning Officer Date \_\_\_\_\_

Fee \$ \_\_\_\_\_ Permit # \_\_\_\_\_

Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# PENN TOWNSHIP

260 Lewis Road  
West Grove, PA 19390-9427

Telephone (610) 869-9620  
Facsimile (610) 869-9194

## APPLICATION AND BUILDING DEMOLITION CERTIFICATE

Tax Parcel No. 58- \_\_\_\_\_ Zoning District \_\_\_\_\_ Date \_\_\_\_\_

Owner \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address \_\_\_\_\_

Building Code \_\_\_\_\_ Department of Labor and Industry \_\_\_\_\_

The name of the Owner above hereby make application for permission to demolish a building or structure on the property described herein, in accordance with the following provisions of the Ordinance: CHAPTER 5 CODE ENFORCEMENT

Sections \_\_\_\_\_

Type of building or structure; footprint area in SF, # stories, #bedrooms, type of construction

Was used for \_\_\_\_\_

Location of Property \_\_\_\_\_ Size of Parcel \_\_\_\_\_ Acres

Lot Coverage: \_\_\_\_\_ in percent (%)

Contractor Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Project Manager \_\_\_\_\_

### REQUIRED SUBMITTALS:

1. Release from all utilities and County Health Department, stating that their respective service connections and appurtenant equipment have been removed or sealed and plugged in a safe manner;  
OR  
A signed letter from the Owner stating that all utility service connections and appurtenant equipment have been removed or sealed and plugged in a safe manner, and Owner takes full liability that this has been completed;  
OR  
Proof of inspection by Township Building Inspector (an additional fee will be charged).
2. Application Fee.
3. This application form.

\_\_\_\_\_  
Owner's Signature

Permission Granted \_\_\_\_\_, 20 \_\_\_\_\_

Demolition Permit No. DP _____ Permit No. Issue Date _____, 20 _____ THIS PERMIT IS NOT VALID UNTIL a fee of _____ Dollars has been paid to the Township.	FIELD INSPECTION: _____ _____ _____ Certified Building Official      Date
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Permission Refused \_\_\_\_\_, 20 \_\_\_\_\_

Reason for Refusal: \_\_\_\_\_

\_\_\_\_\_  
Codes Enforcement Officer

Fee paid: cash or check or money order      Amount \$ \_\_\_\_\_

For check/money order: no. \_\_\_\_\_, date \_\_\_\_\_, account name \_\_\_\_\_

Distribution: 1-Application, 1-Codes Enforcement Officer, 1-Certified Building Official, 1-Sec/Treas.