



Penn Township

Electrical Work Permit Checklist

- _____ Chester County Assessment Letter
- _____ Workman's Compensation Form
- _____ 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).
- 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 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 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: _____

APPLICATION FOR ELECTRICAL PERMIT

NOTE: PLANS ARE REQUIRED FOR ALL ELECTRICAL WORK AS PER APPLICABLE ORDINANCES

PENN TOWNSHIP
260 LEWIS ROAD
WEST GROVE, PA 19390-0039

PERMIT NO. _____
ESTIMATED COST _____
FEE _____

LOCATION	USE OF PREMISES	PHONE NUMBER
NAME OF INSTALLER	ADDRESS OF INSTALLER	PHONE NUMBER
NAME OF OWNER	ADDRESS OF OWNER	PHONE NUMBER
INSPECTING AGENCY FOR INSPECTION		

- 1 FAMILY 2 FAMILY 3 FAMILY APT. BLDG. PUBLIC BLDG. BUS. BLDG. ALTER REPAIR REPLACEMENT
- NEW CONSTRUCTION AIR CONDITIONING OIL BURNING EQUIPMENT ELECTRICAL HEAT OTHER (SPECIFY)

DESCRIPTION OF ELECTRICAL WORK SIZE OF SERVICE: _____ DATE ISSUED _____

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.

OWNER'S SIGNATURE _____	APPLICANT'S SIGNATURE _____	APPROVED BY _____	DATE _____
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