



Penn Township

Fire Alarm/Sprinkler System Permit Checklist

- _____ Chester County Assessment Letter
- _____ Workman's Compensation Form
- _____ Zoning Permit Application
- _____ Electrical Permit Application
- _____ Fire Suppression System 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
Acting Director of Assessment/Tax Claim

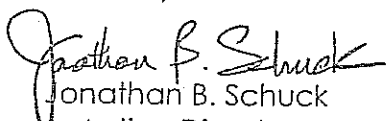
Dear Property Owner:

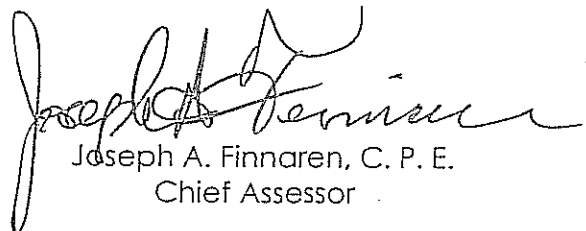
As you have applied for a building permit from your municipality, the county Assessment Office would like to advise you of the steps surrounding our involvement in the process. We would like to make sure that you are aware of what will take place during construction and after the improvement is finished.

- 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
Acting Director


Joseph A. Finnaren, C. P. E.
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: _____

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 _____

 Date _____

Fee \$ _____ Permit # _____

Zoning Officer

Notes _____

**APPLICATION FOR
ELECTRICAL PERMIT**

NOTE: PLANS ARE REQUIRED FOR ALL ELECTRICAL
WORKS PER APPLICABLE ORDINANCES

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

PERMIT NO.	
ESTIMATED COST	
FEE	
LOCATION	USE OF PREMISES
NAME OF INSTALLER	ADDRESS OF INSTALLER
NAME OF OWNER	ADDRESS OF OWNER
INSPECTING AGENCY FOR INSPECTION	PHONE NUMBER
	PHONE NUMBER

- 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		20

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

PENN TOWNSHIP

260 Lewis Road

West Grove, PA 19390-0039

Phone: 610-869-9620 Fax: 610-869-9194

APPLICATION FOR FIRE SUPPRESSION SYSTEM

Owner/Applicant: _____

Name Address Phone No. _____

Location Address: _____

Tax Parcel No: _____

New Building Square Footage: _____ Existing Building Square Footage: _____

New Work: _____ Repair/Replacement: _____ Commercial _____

Residential _____ Code Utilized _____

Description of Work:

Square Footage of Area to be Protected: _____

Cost of Work: _____

Please include three (3) sets of plans and calculations (shop drawings okay) for proposed work:

1) Square footage of the area to be covered _____

2) Water Supply and Size _____

3) Static & Residual Pressure Readings _____

4) Fire Department Connection Location _____

5) Generators _____

6) Fire Pump _____

7) Reservoirs _____

Please indicate the height (in stories) of the proposed coverage area:

One _____ Two _____ Three _____ Includes Basement _____ No Basement _____

*If any equipment shall be located outside of the building, please include a plot plan indicating the location of the equipment relative to the building and the lot lines

*Please provide specifications for any equipment to be employed, including cut sheets.

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

Applicant's Signature: _____ Date: _____

Approved by: _____ Date: _____

Permit No: _____ Fee: _____

Thomas H. Lowry, C.B.O., Building/Zoning Officer
Phone: 610-692-9232 - Fax: 610-692-2724