



**Penn Township**  
**Patio Permit Checklist**

- \_\_\_\_\_ Chester County Assessment Letter
- \_\_\_\_\_ Workman's Compensation Form
- \_\_\_\_\_ Zoning Permit Application
- \_\_\_\_\_ Building Permit Application **(if applicable)**
- \_\_\_\_\_ Grading Permit Application **(if applicable)**

\*\* Patio permits depends on the size of the patio. Please call the office or the appropriate zoning officer for correct information.

**\*\*\* 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 of 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 \_\_\_\_\_

**PENN TOWNSHIP, CHESTER COUNTY, PENNSYLVANIA  
APPLICATION AND AGREEMENT FOR BUILDING PERMIT**

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.

Application is hereby made for a permit to \_\_\_\_\_

Site Location \_\_\_\_\_  
(Lot No.) (House No.) (Street or Road)

Plot of Ground _____ x _____ (frontage) (depth)	<i>Applicant's Estimated Construction Costs*</i>	<i>Permit Fees (BCO will calculate)</i>
	Building \$ _____	\$ _____
	Garages \$ _____	\$ _____
	Porches \$ _____	\$ _____
	Zoning _____	\$ _____
	E & S _____	\$ _____
	UCC Fee _____	\$ _____
	Other _____	\$ _____
	Other _____	\$ _____
	Other _____	\$ _____
	<b>TOTAL</b>	<b>\$ _____</b>

This building is to be used as \_\_\_\_\_

*\*Estimated construction costs shall be provided by Applicant (include copy of contract/estimate) and shall be confirmed by the Building Code Official to ensure consistency with the most current International Code Council Building Valuation Data. The higher amount between the estimated construction costs and the Building Valuation Data shall determine the permit fee.*

Floor Area (Sq. Ft.) \_\_\_\_\_  
(Garage) (Basement) (1<sup>st</sup> Floor) (2<sup>nd</sup> Floor) (Total)

**NOTE:** Two sets of plans and specifications shall accompany the application as well as two plot plans showing the size of the lot and the location of improvements thereon, giving side, rear and front yard requirements. Applicants must complete the attached insurance form pursuant to the Workers Compensation Reform Act PA 44.

**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.**

**I (WE) ACKNOWLEDGE THAT I (WE) HAVE REVIEWED ALL SUBDIVISION/LAND DEVELOPMENT PLANS, CONDITIONS OF APPROVAL CONTAINED IN ANY DECISION BY THE BOARD OF SUPERVISORS/ZONING HEARING BOARD, RECORDED FINAL SUBDIVISION/LAND DEVELOPMENT PLANS, AND THAT I (WE) WILL COMPLY WITH AND/OR SATISFY ALL OF THESE CONDITIONS AND REQUIREMENTS PRIOR TO THE USE AND OCCUPANCY OF THE STRUCTURE DESCRIBED IN THIS APPLICATION.**

**I (WE) AFFIRM THAT WE HAVE REVIEWED THE PENN TOWNSHIP ZONING ORDINANCE AND THAT THE PROPOSED STRUCTURE COMPLIES WITH ALL REQUIREMENTS OF THIS ORDINANCE.**

**ALL OWNERS MUST SIGN THIS APPLICATION AND AGREEMENT IN ADDITION TO ANY OTHER APPLICANT.**

\_\_\_\_\_  
Signature of Applicant(s)

\_\_\_\_\_  
Signature of Property Owner(s)

Approved  Approved w/conditions  Disapproved

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

\_\_\_\_\_  
Building Code Official Date \_\_\_\_\_

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

White - Original

Yellow - Homeowner

Pink - Township

PENN TOWNSHIP  
260 Lewis Road  
West Grove, PA 19390

Grading Permit No. \_\_\_\_\_  
Date: \_\_\_\_\_

Application for Permit Under Ordinance, 2000-7

GRADING, EROSION & SEDIMENTATION CONTROL

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Location and/or Description of Property:

\_\_\_\_\_

Other Properties: Does work back up or discharge water on, or affect any other property  
in any way? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list and describe other properties affected and to what extent.

\_\_\_\_\_  
\_\_\_\_\_

THREE SETS OF PLAN REQUIRED:

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Registered Engineer: \_\_\_\_\_

Description of work to be performed and method of operation:

\_\_\_\_\_  
\_\_\_\_\_

Method of maintaining and protecting existing facilities:

\_\_\_\_\_  
\_\_\_\_\_

Anticipated date to begin work: \_\_\_\_\_

Anticipated date to complete work: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Date: \_\_\_\_\_