



Penn Township
Signs Permit Checklist

- _____ Chester County Assessment Letter
- _____ Workman's Compensation Form
- _____ Zoning Permit Application
- _____ Sign 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: _____

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 APPLICATION FOR SIGN PERMIT

To alter or erect a sign in accordance with the Zoning Ordinances and all other pertinent ordinances of Penn Township, Chester County, Pennsylvania, I, _____, the undersigned, hereby make application for a permit to erect a sign on a property on:

(address or location description)

SIGN INFORMATION:

Tax Parcel #: _____ Zoning District: _____

TYPE OF SIGN (i.e., wall mounted, free standing, etc.) _____

Sign to be used for: (check one or more as appropriate)

Business Identification	Home Occupation
Temporary	Farm Occupation
Oversized Real Estate Sign	Subdivision Name
Directional	Industrial Park
Other: _____	

STRUCTURE SPECIFICATIONS:

Lot Size: _____ Lot Width: _____

Sign Height: _____ Width: _____ Length: _____

Height From Ground to Bottom of Sign: _____

Footings: Thickness: _____ Width: _____ Depth Below Grade: _____

Material of Construction: _____ Area of Sign (sf): _____

Estimated Cost: _____ Proposed Install Date: _____

Applicant: _____ Date: _____

Address: _____ Telephone: _____

Contractor: _____ Address: _____

Telephone: _____

Applicant's Signature: _____

ALL APPLICATIONS MUST BE ACCOMPANIED WITH TWO PLOT PLANS INDICATING THE LOCATION OF THE SIGN, 2 PLANS OF THE ACTUAL SIGN AND SUPPORTING STRUCTURE AS REGULATED BY THE UNIFORM CONSTRUCTION CODE. AN ELECTRICAL PERMIT MAY BE REQUIRED.

IF SIGN IS TO BE ERECTED BY A COMMERCIAL SIGN COMPANY, A WORKMAN'S COMPENSATION FORM MUST BE COMPLETED IN ACCORDANCE WITH THE FOLLOWING PROCEDURE.

WORKER'S COMPENSATION AFFIDAVIT

I, _____, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a building/sign permit.

After receipt of the building/sign permit if I employ any other persons I must notify the Township office and provide proof of workman's compensation coverage within three (3) working days.

I understand that failure to comply will result in a stop-work order, that such order may not be lifted until proper coverage is obtained as provided by Section 302(e)(4) of the act of June 2, 1915 (P.L. 736), known as the Pennsylvania Workmen's Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993.

Subscribed and sworn to before me this _____ day of _____, 201__.

Signature _____

Notary Public _____

My commission expires: _____

OFFICE USE ONLY

Approved By: _____ Sign Permit No: _____

Permit Fee: _____ Date: _____

Denied: _____ Reason for Denial: _____