



P.O. Box 1, Pocopson PA 19366
Office: 610.793.2151 Fax: 610.793.1944
www.pocopson.org

POCOPSON TOWNSHIP MECHANICAL (HVAC) PERMIT APPLICATION PACKET IMPORTANT PLEASE READ!

The Permit Application Process will take approximately 15 working days. If any construction commences before a permit is issued and paid for the permit fees will be doubled. A non-refundable fee of \$25.00 must be included when a building permit application is submitted. This charge is subtracted from the final permit fee that is due when the permit is picked up. The building permit application must be signed by the landowner/applicant. If the applicant is NOT the landowner a written statement indicating that the applicant will act as agent/representative is required.

Inspections are mandatory for all projects. Work shall not be done beyond the point indicated in each successive inspection without first obtaining the approval of the Building Inspector or appropriate Township Official. It is the duty of the permit holder to notify the Building Inspector or appropriate Township Official that such work is ready for inspection. If inspections are ignored the permit will be revoked.

All electrical inspections are performed by United Inspection Agency. Contact Len Warren at 610-399-5094 or fax to 610-399-5126 to schedule an electrical inspection.

**PERMIT MUST BE VISIBLE FROM THE STREET
UNTIL COMPLETION OF CONSTRUCTION
(May place in Front Window)**

MECHANICAL (HVAC) PERMIT APPLICATION PACKET

Applicants must read all instructions and submit the following completed documents prior to issuance of a building permit:

1. A non-refundable fee of \$25.00. This charge is subtracted from the final permit fee that is due when the permit is picked up.
2. Failure to provide all information as required may be cause for denial of permit.
3. Questions regarding the permit application and review process should be directed to the Building Inspector at 610-793-9390.

BUILDING PERMIT FEES

Schedule of fees for zoning and building permit applications established by current Pocopson Township Resolution. (Contact the Township Office at 610-793-2151 for a copy of the Resolution or visit the Township website at www.pocopson.org)

COUNTY OF CHESTER ASSESSMENT OFFICE

Pocopson Township is required to supply a list of all building and zoning permits to the Assessment Office monthly. Following completion of your project your improvement to your property will be assessed and added to your property record card. For additional information contact the Assessment Office at 610-344-6105.

HOW TO COMPLETE THE 2-PAGE BUILDING PERMIT APPLICATION FORM

General information - provide the application date and type of permit.

Part 1: Location of Project - provide street address and complete all sections in full. (Parcel number and zoning district information is available from Pocopson Township.)

Part 2: Type and Cost of Project - provide type of improvement, ownership, cost and proposed use. If proposed use is not specifically identified within the form, please note Item #17 and indicate use.

Part 3: Selected Characteristics of Project - provide type of construction, principal type of heating fuel, type of mechanical, sewage disposal and water supply.

Part 4: Identification - provide signature of applicant along with an address and a phone number (or cell phone number) where applicant can be reached during business hours; **if applicant is not the property owner a written statement indicating that the applicant shall act as agent/representative shall accompany the application.** If work is being done by a contractor, please provide the name of the person responsible for performing the work and a phone number where that person can be reached during business hours. A Certificate of Insurance for each contractor working on the project, verifying insurance and workers compensation coverage, must accompany the completed and signed building permit application. **Contractors performing home improvements totaling \$5,000 or more per year must provide an official registration number in accordance with the Pennsylvania Home Improvement Consumer Act of July 1, 2009.**

Parts 5 through 6 - to be completed by Township Officials.

REVIEW PROCESS

The application will be reviewed by the Township Officials for compliance with the Township Zoning Ordinances and any other applicable Ordinances of Pocopson Township, as well as the requirements of the Uniform Construction Code for the Commonwealth of Pennsylvania. The Permit Application Process will take approximately 15 working days. If the proposed project does not comply in any way with the applicable Ordinances and/or Codes, the applicant will be notified by phone and/or mail regarding the specific item or items to be addressed. **The Plan Reviewer may amend, correct and/or change minor items within the plans or specifications; it is the applicant's responsibility to construct the project to any amended plans and specifications.**

Township personnel will notify the applicant when the building permit is approved and available at the Pocopson Township Administration Office, 740 Denton Hollow Road. The Building Permit is to be displayed by the applicant so as to be visible from the street. **NOTE: Work may not be started until the permit has been granted, paid for and picked up.** All permitted projects shall begin construction within six (6) months from the date the permit is issued and for projects requiring zoning approval shall be completed within one (1) year from the date the permit is issued. Applicants may receive at the discretion of the Township an extension for up to one (1) additional year for completion of the project if they provide a written request to the Township with compelling evidence as to why the project has not been completed within the required one (1) year period.

HOW TO SCHEDULE INSPECTIONS:

Contact Len Warren, United Inspection Agency, at 610-399-5094 to schedule all electrical inspections.

Contact the Building Inspector at 610-793-9390 to schedule an inspection or by email to buildinginspector@pocopson.org. Inspections are completed on Monday and Thursday.

The Township reserves the right to perform additional inspections which may be required as determined by the Building Inspector or Township Officials, in the field, or on a case-by-case basis.

Pocopson Township
P.O. Box 1
Pocopson, PA 19366

TELEPHONE: 610-793-9390 / 610-793-2151

FAX: 610-793-1944

STREET ADDRESS:

740 Denton Hollow Rd., West Chester

APPLICATION FOR
PLAN EXAMINATION
BUILDING AND ZONING
PERMIT

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and VIII

I. LOCATION OF BUILDING	AT (LOCATION) _____ (NO.) _____ (STREET) _____ ZONING DISTRICT _____																								
	BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____																								
	TAX PARCEL NO. _____ LOT _____ LOT SIZE _____																								
II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D																									
<div style="display: flex; justify-content: space-between;"><div style="width: 33%;">A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Foundation only 7 <input type="checkbox"/> Roofing (strip or overlay) 8 <input type="checkbox"/> Siding (type _____)</div><div style="width: 65%;">D. PROPOSED USE -- For "Wrecking" most recent use<table style="width:100%; border: none;"><tr><td style="width: 50%; vertical-align: top;">Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family - Enter number of units -----> _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----> _____ 15 <input type="checkbox"/> Garage - Carport - Shed (size) 16 <input type="checkbox"/> Fence (size and type) 17 <input type="checkbox"/> Other - Specify _____</td><td style="width: 50%; vertical-align: top;">Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public Buildings 26 <input type="checkbox"/> Signs 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____</td></tr></table></div></div>			Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family - Enter number of units -----> _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----> _____ 15 <input type="checkbox"/> Garage - Carport - Shed (size) 16 <input type="checkbox"/> Fence (size and type) 17 <input type="checkbox"/> Other - Specify _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public Buildings 26 <input type="checkbox"/> Signs 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____																					
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<div style="display: flex; justify-content: space-between;"><div style="width: 33%;">B. OWNERSHIP 9 Private (individual, corporation, nonprofit institution, etc.) 10 Public (Federal, State or local government)</div><div style="width: 65%;"></div></div>																									
<div style="display: flex; justify-content: space-between;"><div style="width: 33%;">C. COST<table style="width:100%; border: none;"><tr><td style="width: 80%;">10. Cost of improvement \$</td><td style="width: 20%; text-align: center;">(Omit cents)</td></tr><tr><td>To be installed but not included in the above cost</td><td></td></tr><tr><td>a. Electrical</td><td></td></tr><tr><td>b. Plumbing</td><td></td></tr><tr><td>c. Mechanical</td><td></td></tr><tr><td>d. Other (elevator, etc.)</td><td></td></tr><tr><td>11. TOTAL COST OF IMPROVEMENT \$</td><td></td></tr></table></div><div style="width: 33%;">C-2 FEE CHARGED & PAID<table style="width:100%; border: none;"><tr><td>Building</td></tr><tr><td>Occupancy</td></tr><tr><td>Plumbing</td></tr><tr><td>Mechanical</td></tr><tr><td>Electrical</td></tr><tr><td>Zoning</td></tr><tr><td>Other</td></tr><tr><td>Total</td></tr><tr><td>Receipt No.</td></tr></table></div><div style="width: 33%;"><div style="border: 1px solid black; padding: 5px; min-height: 150px;">Nonresidential-Describe in detail proposed use of buildings, e.g., garage, office building industrial plant. If use of existing building is being changed, enter proposed use.</div></div></div>			10. Cost of improvement \$	(Omit cents)	To be installed but not included in the above cost		a. Electrical		b. Plumbing		c. Mechanical		d. Other (elevator, etc.)		11. TOTAL COST OF IMPROVEMENT \$		Building	Occupancy	Plumbing	Mechanical	Electrical	Zoning	Other	Total	Receipt No.
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ALL IMPROVEMENTS MUST CONFORM TO BOCA BUILDING, PLUMBING, AND MECHANICAL CODE AND NATIONAL ELECTRIC CODE. ACT 222 ENERGY CONSERVATION REQUIREMENTS MUST BE MET.																									
<div style="display: flex; justify-content: space-between;"><div style="width: 33%;">III. A PRINCIPAL TYPE OF FRAME 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____</div><div style="width: 33%;">B TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.)</div><div style="width: 33%;">D DIMENSIONS 48. Number of stories 49. Total square foot of Improvement 50. Total square feet of floor area, all floors, based on exterior dimensions 51. Total land/lot area, sq. ft.</div></div>																									
<div style="display: flex; justify-content: space-between;"><div style="width: 33%;">C TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)</div><div style="width: 33%;">E NUMBER OF OFF-STREET PARKING SPACES 52. Enclosed 53. Outdoors</div><div style="width: 33%;"></div></div>																									

PERMIT NO. _____

STREET _____

T.M.P. NO. _____

IV. IDENTIFICATION — To be completed by all applicants

	Name	Mailing address — Number, street, city and State	ZIP Code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				
Management Approval (where required)				
Signature of Contractor		Address	Application Date	
Signature of Owner		Address	Date	

DO NOT WRITE BELOW THIS LINE**V. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BROILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

VI. VALIDATION

Building and Zoning Permit Number _____		FOR DEPARTMENT USE ONLY	
Building and Zoning Permit issued _____ 19 _____		Construction Type _____	
Building and Zoning Permit Fees \$ _____		Use Group _____	
Certificate of Occupancy \$ _____		Fire Separation _____	
Plan Review Fee \$ _____		Live Loading _____	
Building Approved by: _____		Occupancy Load _____	
TITLE _____			



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____

Work Site Location _____

Owner In Fee/Occupant _____

Address _____

Tele. (_____) _____

Contractor _____

Address _____

Tele. (_____) _____

Fax (_____) _____

Lic. No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Rough

Temp. Serv.

Const. Serv.

TCO

Other

Service

Final

Dates (Month/Day)

Failure

Failure

Approval

Initial

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant

PLUMBING SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____

Work Site Location _____

Owner in Fee _____

Address _____

Tele. (_____) _____ Fax (_____) _____

Contractor _____

Address _____

Lic. No. _____ Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plans Required

☐ Joint Plan Review Required

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature — Contractor's Seal _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received
Date Issued

Permit # _____

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other _____

Other _____

Other _____

FEE (Office Use Only)
\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

Fee \$ _____

TOTAL FEE \$ _____

APPLICANT

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Federal Emp. No.

Estimated Cost of Mechanical Work \$

[[] Fire

Approved by

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

Permit #

DESCRIPTION OF WORK

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Other	

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
	\$ _____
TOTAL FEE	\$ _____

APPLICANT