

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

POCOPSON TOWNSHIP FIRE/TECHNICAL INSPECTION 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)**

FIRE/TECHNICAL 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. Engineered Plans must be submitted for fire sprinkler systems. Applicant will pay Township for actual costs for plan review for each system proposed, plus a ten percent (10%) administrative fee incurred for engineering and/or third party plan review of the application.
3. Failure to provide all information as required may be cause for denial of permit.
4. 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 4-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.)

A detailed plot plan indicating the entire property and the location of the proposed construction must be provided with the Zoning Permit Application.

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. Include dimensions of proposed structures, number of bedrooms proposed and number of parking spaces.

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

A. TYPE OF IMPROVEMENT

- 1 New building
- 2 Addition (if residential, enter number of new housing units added, if any, in Part D, 13)
- 3 Alteration (See 2 above)
- 4 Repair, replacement
- 5 Wrecking (If multifamily residential, enter number of units in building in Part D, 13)
- 6 Foundation only
- 7 Roofing (strip or overlay)
- 8 Siding (type _____)

D. PROPOSED USE - For "Wrecking" most recent use

- | | |
|---|--|
| Residential | Nonresidential |
| 12 <input type="checkbox"/> One family | 18 <input type="checkbox"/> Amusement, recreational |
| 13 <input type="checkbox"/> Two or more family - Enter number of units -----> _____ | 19 <input type="checkbox"/> Church, other religious |
| 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----> _____ | 20 <input type="checkbox"/> Industrial |
| 15 <input type="checkbox"/> Garage - Carport - Shed (size) _____ | 21 <input type="checkbox"/> Parking garage |
| 16 <input type="checkbox"/> Fence (size and type) _____ | 22 <input type="checkbox"/> Service station, repair garage |
| 17 <input type="checkbox"/> Other - Specify _____ | 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 _____ |

B. OWNERSHIP

- 9 Private (individual, corporation, nonprofit institution, etc.)
- 10 Public (Federal, State or local government)

C. COST

10. Cost of improvement \$
- 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 \$

(Omit cents)

C-2 FEE CHARGED & PAID

- Building _____
- Occupancy _____
- Plumbing _____
- Mechanical _____
- Electrical _____
- Zoning _____
- Other _____
- Total _____
- Receipt No. _____

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.

ALL IMPROVEMENTS MUST CONFORM TO BOCA BUILDING, PLUMBING, AND MECHANICAL CODE AND NATIONAL ELECTRIC CODE. ACT 222 ENERGY CONSERVATION REQUIREMENTS MUST BE MET.

III. A PRINCIPAL TYPE OF FRAME

- 30 Masonry (wall bearing)
- 31 Wood frame
- 32 Structural steel
- 33 Reinforced concrete
- 34 Other - Specify _____

B TYPE OF SEWAGE DISPOSAL

- 40 Public or private company
- 41 Private (septic tank, etc.)

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.

C TYPE OF WATER SUPPLY

- 42 Public or private company
- 43 Private (well, cistern)

E NUMBER OF OFF-STREET PARKING SPACES

- 52. Enclosed
- 53. Outdoors

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

Five Technical Inspections

740 Denton Hollow Road
 Pocompton, PA 19366
 Phone: 610-793-2151
 Fax: 610-793 1944

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 _____
 Address _____
 Tele. (_____) _____
 Contractor _____
 Address _____
 Tele. (_____) _____ Fax (_____) _____
 Lic. No. _____
 Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS
 Use Group Present _____ Proposed _____
 Constr. Class Present _____ Proposed _____
 Heating Systems [] New [] Existing [] HVAC
 Type: [] Gas [] Oil [] Electric [] Solar
 [] Other _____
 Location: _____
 Total Cost of Fire Protection Work \$ _____

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.

Signature _____

JOB SUMMARY (Office Use Only)		INSPECTIONS				
PLAN REVIEW		Type:	Failure	Dates (Month/Day)	Approval	Initial
[] No Plans Required		Alarm System	_____	_____	_____	_____
Joint Plan Review Required:		Suppression Sys.	_____	_____	_____	_____
[] Building	[] Plumbing	Standpipe	_____	_____	_____	_____
[] Electric	[] Elevator	Fire Pump	_____	_____	_____	_____
[] Fire Plans Approved		Pre-Eng. System	_____	_____	_____	_____
Date: _____		Mechanical	_____	_____	_____	_____
Approved by: _____		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL		TCO	_____	_____	_____	_____
[] CO [] CCC [] CA		Final	_____	_____	_____	_____
Date: _____		Other	_____	_____	_____	_____
Approved by: _____			_____	_____	_____	_____

D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK:
 Water Supply Source _____
 Method of Alarm/Suppression System Supervision _____

Storage Tanks
 Type: [] Flammable Liquid [] Combustible Liquid
 [] LPG [] LNG Capacity _____ Fuel _____
 Alarm Systems [] 110V Interconnected NUMBER _____
 [] System _____
 Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
 Supervisory Devices (i.e., lamps, low/high air) _____
 Signaling Devices (i.e., horns/strobes, bells) _____
 Other Devices _____
 TOTAL _____
 Suppression Systems
 Fire Pump _____ GPM Type _____
 Dry Pipe/Alarm Valves _____
 Pre-action Valves _____
 Sprinkler Heads (Dry and Wet) _____
 Standpipes _____
 Pre-engineered Systems _____
 Wet Chemical _____
 Dry Chemical _____
 CO₂ Suppression _____
 Foam Suppression _____
 Halon Suppression _____
 Other _____
 Kitchen Hood Exhaust System _____
 Smoke Control System _____
 Gas [] or Oil [] Fired Appliances _____
 Other _____

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

C. F140
 (see)

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

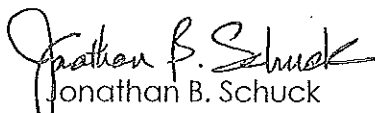
Dear Property Owner:

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.

MECHANICAL INSPECTOR 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. (_____) _____
 Contractor _____
 Address _____
 Tele. (_____) _____ Fax (_____) _____
 Lic. No. _____
 Federal Emp. No. _____

D. TECHNICAL SITE DATA

Date Received _____
 Date Issued _____
 Permit # _____

NO.	DESCRIPTION OF WORK	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	_____

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4
 Heating System Conversion Replacement
 Fuel: Gas Oil Electric Solar
 Other _____
 Type: Hydraulic Hot Air _____
 Estimated Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
 No Plans Required
 Joint Plan Review Required
 Bldg. Plumb.
 Elec. Elevator
 Fire Mech.
 PLANS APPROVED
 Date: _____
 Approved by: _____

Administrative Surcharge	\$ _____
Minimum 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.

 Signature

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. (_____) _____
 Contractor _____
 Address _____
 Tele. (_____) _____ Fax (_____) _____
 L.C. 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: _____

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	\$ _____
	Urinal/Bidet	_____
	Bath Tub	_____
	Lavatory	_____
	Shower	_____
	Floor Drain	_____
	Sink	_____
	Dishwasher	_____
	Drinking Fountain	_____
	Washing Machine	_____
	Hose Bibb	_____
	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 _____	_____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
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.

Signature — Contractor's Seal _____
 Licensed Plumbing Contractor Exempt Applicant

APPLICANT