

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

POCOPSON TOWNSHIP MANUFACTURED FIREPLACES AND RELATED CHIMNEY INSERTS 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)**

MANUFACTURED FIREPLACES AND RELATED CHIMNEY INSERTS APPLICATION PACKET

Applicants must read all instructions and submit the following completed documents prior to issuance of a 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. Manufacturer's specifications and installation instructions, including but not limited to the following:
 - a. Factory clearances
 - b. Hearth recommendations and dimensions
 - c. Chimney/flu pipe details
 - d. Separate manufacturer's information regarding chimney materials (as applicable)
3. Plumbing Permit Application if the insert is fueled by natural gas including the type of pipe, diameter, length, depth (if buried).
4. A copy of your PECO application for an "Increase in Natural Gas Usage."

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 the property record card. For additional information contact the County 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 insert, ownership, cost and proposed use. If proposed use is not specifically identified within the form, please note Item #17 and indicate use.

Part 4: Identification - provide signature of application along with an address and a contact 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 contact 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 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 anyway 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, West Chester. The 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 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 for 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.

INSPECTIONS

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

Contact 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 by 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 <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 _____)		D. PROPOSED USE - For "Wrecking" most recent use 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 _____	
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 \$		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.	
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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.

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 _____		B TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> 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 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> 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 \$ _____	Building Approved by: _____
TITLE _____	

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. _____

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4
 Heating System Conversion Replacement Solar
 Fuel: Gas Oil Electric Solar
 Other _____
 Type: Hydronic 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: _____

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	_____

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

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

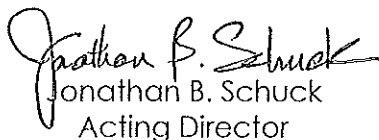
Dear Property Owner:

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.