

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

POCOPSON TOWNSHIP STANDBY GENERATOR 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)**

STANDBY GENERATOR 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. Electrical Permit Application is required.
3. Plumbing Permit Application if the generator is fueled by natural gas including the type of pipe, diameter, length, depth (if buried).
4. Zoning Permit Application (included with this packet).
5. A copy of your PECO application for an "Increase in Natural Gas Usage."
6. A copy of installation instructions that show how far the generator is to be located from combustible construction, windows that open, etc.
7. A copy of a site plan that shows the location of the generator and its distance from the building, windows that open, and property lines. (Acceptable site plans include hand drawn plans or a Google Earth© print of the property.
8. The generator should be no closer than 7 feet from the property line.
9. Flood Zone Determination form and official survey documents are required for generators installed at or above base flood elevation.
10. Homeowners Association approval for installation (if applicable).

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). A detailed plot plan indicating the entire property and the location of the installed generator must be provided for zoning review.

Part 2: Type and Cost of Project - provide type of generator, 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 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.

Contact Zoning Official at 610-793-2151 to schedule all site inspections.

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.

ZONING PERMIT APPLICATION

Zoning permits shall be required for (1) use & occupancy of any building or other structure erected, altered or enlarged for which a building permit is required; (2) permitted change in use of any building or structure; and (3) change in nonconforming use or expansion or extension of a nonconforming use.

PROPERTY AND OWNER INFORMATION:

Location of Property: _____

Chester County Tax Parcel Number: 63 - _____ - _____

Name of Property Owner(s): _____

Address of Record: _____

Telephone/Cell Phone: _____ Email: _____

If the Applicant is NOT the property owner an Agent's Affidavit is required.

Name of Applicant (if different from above): _____

Address of Applicant: _____

Telephone/Cell Phone: _____ Email: _____

ZONING CLASSIFICATION:

- RA - Residential and Agricultural Zoning District
- C1 - Neighborhood Commercial
- MHP - Mobile Home Park
- LI - Limited Industrial

USES:

Current Use of the Property: _____

Proposed Use of the Property: _____

Additional Approvals required (attach copy of the signed decision):

- Subdivision/Land Development
 - Conditional Use
 - Special Exception
- Approved: _____ Approved: _____ Approved: _____

A plot plan is required showing property lines, front, rear, and side yard setback dimensions, location of all structures on property and location of well and septic tank. I certify that all of the information submitted with this application is true to the best of my knowledge and belief.

Applicant Signature: _____ **Date:** _____

This Zoning Permit authorizes the establishment of the uses stated in this Permit at the location specified. The Zoning Permit is a prerequisite for obtaining a Building Permit. After the proposed improvements are completed a Use and Occupancy Certificate when applicable shall be obtained from Pocopson Township prior to the lot or structure being used and/or occupied.

Application Approved Application Denied Date: _____ Zoning Permit # _____

Zoning Officer Signature: _____

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) _____ ZONING DISTRICT _____
 (NO.) _____ (STREET) _____
 BETWEEN _____ AND _____
 (CROSS STREET) _____ (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 _____ Building and Zoning Permit issued _____ 19____ Building and Zoning Permit Fees \$ _____ Certificate of Occupancy \$ _____	FOR DEPARTMENT USE ONLY Construction Type _____ Use Group _____ Fire Separation _____ Live Loading _____ Occupancy Load _____
Building Approved by: _____ Plan Review Fee \$ _____	TITLE _____

VII ZONING PLAN NOTES AND APPROVAL

DISTRICT

USE

FRONT YARD

SIDE YARD

SIDE YARD

REAR YARD

NOTES

**ZONING
APPROVAL.**

DATE

**FLOOD
ZONE**

YES

NO

VIII. PLOT PLAN. For Applicant use.

A large grid for drawing a plot plan, consisting of approximately 30 columns and 30 rows of small squares. On the right side of the grid, there is a circular north arrow symbol with the letter 'N' next to it.

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 _____
 Address _____
 Tele. (_____) _____ Fax (_____) _____
 Contractor _____
 Address _____
 Lc. 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

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

NO.	FIXTURE/EQUIPMENT	PERMIT #
	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	
	Grease trap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

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

APPLICANT



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received _____
Date Issued _____
Control # _____
Permit # _____

D. TECHNICAL SITE DATA

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	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Required			Type:	Failure	Approval
Joint Plan Review Required:			Rough		
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Temp. Serv.		
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Const. Serv.		
<input type="checkbox"/> Elec. Plans Approved			TCO		
Date: _____			Other		
Approved by: _____			Service		
			Final		
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued		
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Final Cut-in-Card Date Issued		
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.

Applicant's Signature/Contractor's Seal and Signature

Licensed Electrical Contractor Exempt Applicant

FEE (Office Use Only)

TOTAL NUMBERS	\$ _____
Pool Permit/with UW Lights	_____
Storage 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	_____
KV Transformer/Generator	_____
AMP Service	_____
AMP Subpanels	_____
AMP Motor Control Center	_____
KW Elec. Sign/Outline Light	_____
Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____

U.C.C. F120
(rev. 3/95)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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

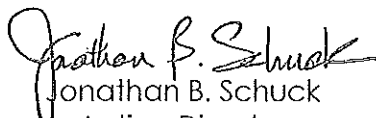
Dear Property Owner:

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.