



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

POCOPSON TOWNSHIP FENCES AND WALLS 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.

Non-refundable fees: A non-refundable fee must be included when a building permit application is submitted. The non-refundable fees are:

- Administrative fee for permits requiring zoning review \$25.00
- Building permit review (*if applicable*) \$25.00
- TOTAL FEE DUE IF ZONING AND BUILDING REVIEW \$50.00

All non-refundable fees are subtracted from the final permit fee that is due when the permit is picked up.

The 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.

You must submit with this application a copy of a certified survey or proof of boundary markers, photographs, and a detailed plan showing the location of fence or wall on the property, type of fence or wall, height from natural grade, all openings and other related information (see #2 under General Requirements).

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.

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

GENERAL INFORMATION:

Address of Property: _____

Tax Parcel Number 63- _____ - _____

Homeowner Association (if applicable): _____

Property Owner(s): _____

Mailing Address: _____

Owner Phone Number: _____ Email: _____

Contractor: _____

Contractor Address: _____

Contractor Contact Information: _____

Estimated Cost of Improvement: _____

DESCRIBE the type of fence or wall (provide a picture or manufacturer info if available)

Distance from side lot lines:

Height from natural grade:

Distance from rear lot line:

Distance from front lot line:

Will proposed fence/wall cross an existing easement? _____ yes _____ no

(If "yes" please complete and submit an easement agreement).

ZONING INFORMATION:

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.

ZONING CLASSIFICATION:

- | | |
|--|--|
| <input type="checkbox"/> RA – Residential and Agricultural Zoning District | <input type="checkbox"/> MHP – Mobile Home Park |
| <input type="checkbox"/> C1 – Neighborhood Commercial | <input type="checkbox"/> 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

Date Approved: _____ Date Approved: _____ Date 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.

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.

ZONING OFFICIAL USE ONLY

- ☐ Application Approved ☐ Application Denied

Zoning Officer Signature: _____ Date: _____

Zoning Permit # _____

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
(NO.) (STREET) DISTRICT _____
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

- 12 ☐ One family
13 ☐ Two or more family - Enter number of units -----> _____
14 ☐ Transient hotel, motel, or dormitory - Enter number of units -----> _____
15 ☐ Garage - Carport - Shed (size)
16 ☐ Fence (size and type)
17 ☐ Other - Specify _____

Nonresidential

- 18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public Buildings
26 ☐ Signs
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other - Specify _____

B. OWNERSHIP

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

C. COST

(Omit cents)

C-2 FEE CHARGED & PAID

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 \$

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 _____		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	

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 a plot plan, consisting of 20 columns and 20 rows of squares. A north arrow is located on the right side of the grid, pointing upwards, with the letter 'N' next to it.

[illegible]

GENERAL REQUIREMENTS

(See also Township Code Sections 250-94.E(9))

1. If proposed fence or wall crosses an existing easement area the applicant shall execute and record an Easement Agreement.
2. Copy of certified survey or proof of boundary markers, photographs, and a detailed plan showing the location of fence or wall on the property, type of fence or wall, height from natural grade, all openings and other related information.
3. Township has authority to inspect the fence or wall to ensure construction according to the approved permit and plan submitted.
4. Fences associated with specific uses shall meet the requirements of the Pocopson Township Zoning Ordinance (see Section 250.49C.(6) - junkyards, 250-94 - privacy fences, 250-91 - storage fences, 250-96D - communication tower fences).
5. Fences associated with residential pools shall meet all the requirements related therein of the International Building Code and the Pennsylvania Uniform Construction Code, as amended.
6. Fences associated with commercial pool areas shall meet all the requirements related therein of the International Building Code and the Pennsylvania Uniform Construction Code, as amended.
7. Note for privacy, junkyard, storage and communication tower fencing only: applicant shall contact Pocopson Township at 610-793-2151 after installation to schedule a final inspection with the Zoning Official.

IMPORTANT

1. Failure to provide all information as required above will be cause for denial of the permit.
2. 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.
3. Questions regarding the permit application and review process should be directed to the Building Inspector at 610-793-9390 or by email to buildinginspector@pocopson.org.
4. Individuals improving and/or developing a single lot after subdivision has occurred must execute a Professional Services Authorization Agreement with the municipality to cover all miscellaneous costs incurred with the project. Permits will not be issued without this agreement. For additional information regarding this requirement please contact the Township at 610-793-2151.

Easement Agreement

1. Pursuant to Permit #_____, the undersigned, being the owner of record for the property identified as Chester County Tax Parcel #63-____-_____, agrees to provide access to the existing easement area located on the property for the maintenance / repair of any utility located within the easement. The maintenance and/or repair efforts may require the removal of the portion of the fence located within the easement. All normal precautions shall be taken during the removal of the proposed fencing to minimize damage.
2. When the maintenance / repair efforts are completed it shall be the responsibility of the property owner to replace and/or reinstall the fencing. The utility provider will make every effort to rough grade and seed the area affected by the maintenance / repair efforts; however, final grading and additional seeding of the area affected by the maintenance / repair efforts will be the responsibility of the property owner.
3. The undersigned hereby releases Pocopson Township and its employees, agents and representatives, contractors and subcontractors from any and all liability from any suit arising from any maintenance / repair of the proposed fencing and/or grading within the existing easement area located within the above-referenced property.
4. The undersigned hereby releases any utility provider and its employees, agents, representatives, contractors and subcontractors that have a legal right to occupy the aforementioned easement, from any and all liability from any suit arising from any maintenance / repair of the proposed fencing and/or grading within the existing easement area located within the above-referenced property.
5. Any damage to underground and/or aboveground utilities that are/or may be located within the identified easement, caused by the proposed improvement, is the sole responsibility of the property owner and repairs and/or replacement of the affected utility are to be at the direction of the utility provider.
6. The property owner and/or their designee shall notify PA One Call at 800-242-1776, in accordance with PA One Call requirements prior to excavation and installation of the proposed improvement.
7. The property owner shall have this document recorded with the Recorder of Deeds for Chester County, Pennsylvania. All costs associated with this shall be the responsibility of the property owner.

Property Owner

Date

Property Owner

Date

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.