



P.O. Box 1, Pocopson PA 19366  
Office: 610.793.2151 Fax: 610.793.1944  
[www.pocopson.org](http://www.pocopson.org)

# POCOPSON TOWNSHIP SIGN PERMIT APPLICATION PACKET IMPORTANT PLEASE READ!

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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 a permit requiring zoning review \$25.00
- Building permit review (*if it is a constructed sign*) \$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 Township requires two (2) copies of a plot plan showing the location of the proposed sign, including setback distances. Include construction prints only if applicable to your project. Your application **cannot be approved** without this information showing the **setbacks**.

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)**

## SIGN PERMIT APPLICATION

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 for zoning review. *An additional \$25.00 non-refundable fee for building review will be required IF THE SIGN is to be CONSTRUCTED.* The non-refundable fees are subtracted from the final permit fee that is due when the permit is picked up.
2. Signed approval from the homeowners association (if applicable).
3. Pocopson Township Building Permit Application including description of proposed use of the structure and include each document as described below:
  - a. Plot Plan (2 copies) showing the location of the proposed sign, including setback distances.
  - b. Construction drawings – only if applicable to your project, submit drawings generally accepted by construction industry standards. Sealed drawings not required for a typical sign. Plans to be properly oriented. Reverse will not be accepted.

### IMPORTANT - PLEASE READ:

☐ FAILURE TO PROVIDE ALL INFORMATION AS REQUIRED ABOVE WILL BE CAUSE FOR DENIAL OF PERMIT.

☐ THE PERMIT APPLICATION PROCESS WILL TAKE APPROXIMATELY 15 WORKING DAYS. IF ANY CONSTRUCTION COMMENCES BEFORE A BUILDING OR ZONING PERMIT IS ISSUED AND PAID FOR THE PERMIT FEES WILL BE DOUBLED.

☐ QUESTIONS REGARDING THE SIGN PERMIT APPLICATION AND REVIEW PROCESS SHOULD BE DIRECTED TO THE BUILDING INSPECTOR AT 610-793-9390 OR BY EMAIL TO [buildinginspector@pocopson.org](mailto:buildinginspector@pocopson.org).

### INSPECTIONS

**Inspections are completed on Monday and Thursday.** Inspections are necessary to insure that all work conforms to the approved plans and specifications, Township Code, and the Uniform Construction Code of the Commonwealth of Pennsylvania.

Inspections are completed on Monday and Thursday. United Inspection Agency is the appointed electrical inspector. Notification for inspections at the various stages of construction is the responsibility of the applicant or landowner. All uninspected work will not be approved by the Building Inspector in accordance with all applicable Codes.

**HOW TO SCHEDULE INSPECTIONS:**

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

Contact the Building Inspector at 610-793-9390 to schedule an inspection or by email to [buildinginspector@pocopson.org](mailto: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.

### 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

☐ MHP - Mobile Home Park

☐ C1 - Neighborhood Commercial

☐ 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: \_\_\_\_\_

## BUILDING AND IMPERVIOUS COVERAGE BREAKDOWN

### PART 1.

#### PROPERTY AND OWNER INFORMATION:

Location of Property: \_\_\_\_\_

Name of Property Owner(s): \_\_\_\_\_

Address of Record: \_\_\_\_\_

Telephone/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### ZONING CLASSIFICATION:

☐ RA - Residential and Agricultural Zoning District

☐ MHP - Mobile Home Park

☐ C1 - Neighborhood Commercial

☐ LI - Limited Industrial

**PART 2. Please complete if applicable to your project. Building Coverage: Building coverage is the percentage of your lot that is covered by buildings including sheds, garages, covered porches/patios, gazebos, and any structure with a roof.**

% allowed \_\_\_\_\_ (leave blank for calculation by Township Official)

Lot Size in square footage: \_\_\_\_\_ Square feet allowed (lot size X % allowed as decimal =

\_\_\_\_\_

*For example: 10,000 sq.ft. lot X .2 = 2000 sq. ft. allowable building coverage*

House footprint (square feet): \_\_\_\_\_ Total existing building coverage in square feet: \_\_\_\_\_

Total existing building coverage as a percentage of lot (total existing building coverage) ÷ (lot size) X 100 = \_\_\_\_\_% *Example: 2000 sq. ft. building footprint/10,000 sq. ft. lot = .2 X 100 = 20% building coverage*

Proposed construction (square feet) \_\_\_\_\_

Total building coverage existing & proposed (square feet) \_\_\_\_\_

Total proposed building coverage as a percent of lot (total building coverage existing & proposed) ÷ (lot size) X 100 = \_\_\_\_\_%

**PART 3. Please complete if applicable to your project. Impervious Coverage: Impervious coverage is the percentage of your lot that is covered by structures with a roof (for instance house, shed(s), garage(s), covered porch(es), covered patio(s), gazebo(s)), plus any paved surfaces.**

% allowed \_\_\_\_\_ (leave blank for calculation by Township Official)

Lot Size in square footage: \_\_\_\_\_

Impervious coverage allowed (lot size X % allowed as decimal) = \_\_\_\_\_

*For example: 10,000 sq.ft. lot X .2 = 2,000 sq. ft. allowable impervious coverage*

House footprint (square feet): \_\_\_\_\_ Total existing impervious coverage in square feet: \_\_\_\_\_  
Total existing building coverage as a percentage of lot (all structures and paved surfaces / lot size) X  
100 = \_\_\_\_\_%

*For example: 2000 sq. ft. building footprint + 100 sq. ft. paved surfaces / 10,000 sq. ft. lot = .21 X 100 =  
21% impervious coverage*

Proposed construction or additional paving (square feet): \_\_\_\_\_

Total impervious coverage existing and proposed: \_\_\_\_\_ (square feet)

Total proposed impervious coverage as a percent of lot (all structures with a roof + paved surfaces / lot  
size) X 100 = \_\_\_\_\_%

**If impervious coverage is over the allowable limit, please contact the  
Township Administration Office at 610-793-2151.**



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

(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. \_\_\_\_\_

<b>IV. IDENTIFICATION</b> — <i>To be completed by all applicants</i>				
	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**

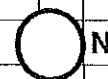
<b>V. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS</b>									
Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BROILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

<b>VI. VALIDATION</b>	
Building and Zoning Permit Number _____  Building and Zoning Permit issued _____ 19 _____  Building and Zoning Permit Fees \$ _____  Certificate of Occupancy \$ _____	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>FOR DEPARTMENT USE ONLY</b>            Construction Type _____            Use Group _____            Fire Separation _____            Live Loading _____            Occupancy Load _____         </div> 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.



## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Pocopson Township  
740 Denton Hollow Road  
Pocopson, PA 19366  
Phone (610) 793-2151, Fax (610) 793-1944  
[www.pocopson.org](http://www.pocopson.org)

Agent's Affidavit

Date \_\_\_\_\_

Property Owner 1 (Please Print) \_\_\_\_\_

Property Owner 2 (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Project Address (if different) \_\_\_\_\_

Chester County Tax Map Parcel Number (of Project Address) \_\_\_\_\_

Property Owner 1 (Signature) \_\_\_\_\_

Property Owner 2 (Signature) \_\_\_\_\_

Contractor/Design Professional \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Pocopson Twp/Commonwealth of PA Home Improvement Contractor Registration Number \_\_\_\_\_

Contractor/Design Professional Signature \_\_\_\_\_

This document shall verify that, the above referenced individual(s) is/are the owner(s) of the property indicated within the Project Address and have identified the referenced Contractor/Design Professional to serve as their duly authorized Agent for the submission of the attached Zoning/Building Permit or other application(s) to Pocopson Township.

It is understood that, by signing this document all parties understand that all statements are true and correct and false statements made within this Affidavit may subject individuals to penalties under the laws of the Commonwealth of Pennsylvania.