



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

POCOPSON TOWNSHIP MECHANICAL (HVAC) 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 NOT 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)**

MECHANICAL (HVAC) 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 NOT subtracted from the final permit fee that is due when the permit is picked up.**
2. Failure to provide all information as required may be cause for denial of permit.
3. Questions regarding the permit application and review process should be directed to the Building Inspector at 610-793-9390.

BUILDING PERMIT FEES

The schedule of fees for zoning and building permit applications is 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 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 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.

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 and 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, 664 S Wawaset 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.



P.O. Box 1, Pocopson, PA 19366
664 S Wawaset Road, West Chester, PA 19382
Office: 610.793.2151 Fax: 610.793.1944
www.pocopson.org

**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	

Email of Property Owner: _____

Email of Contractor: _____

Email of Architect or Engineer: _____

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	



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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.

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 (____) _____

Lic. 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

Date Received _____
Date Issued _____

Permit # _____

D. TECHNICAL SITE DATA (List of all fixtures.)
NO. _____

FIXTURE/EQUIPMENT

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 _____

Greasetrapp _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

Other _____

Other _____

FEE (Office Use Only)
\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

Fee \$ _____

TOTAL FEE \$ _____

APPLICANT

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Federal Emp. No. _____

4

PLANS APPROVED

Approved by: _____

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1

TOTAL FEE

FEE (Office Use Only)

APPLICANT



ELECTRICAL
SUBCODE
TECHNICAL SECTION

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/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 _____

[] No Plans Required _____

Joint Plan Review Required: _____

[] Building [] Plumbing _____

[] Fire [] Elevator _____

[] Elec. 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.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

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TOTAL NUMBERS

Pool Permit/with UVW Lights

Storable 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

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

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FEE (Office Use Only)

\$ _____

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

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) A Certified Pennsylvania Evaluator 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

Your municipality provides this letter along with permit applications.

Not all assessable improvements require a permit.