



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

POCOPSON TOWNSHIP SIGN 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 administrative 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 administrative fees are non-refundable and are NOT subtracted from the final permit fee that is due when the permit is picked up. The complete fee schedule is available on our website at <https://pocopson.org/township-forms/>.

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. *If the sign is to be constructed*, an additional \$25.00 non-refundable fee for building review will be required. The non-refundable fees are NOT 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. Include a description of the proposed use of the structure and 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.**

INSPECTIONS

Inspections are necessary to ensure 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. 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.



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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 Subdivision (if applicable): _____

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: _____

BUILDING AND IMPERVIOUS COVERAGE BREAKDOWN
Please complete Parts 1, 2, and 3 only if applicable to your project.

PART 1. PROPERTY AND OWNER INFORMATION:

Location of Property: _____

Name of Property Owner(s): _____

Address of Record: _____

Telephone/Cell Phone: _____

Email: _____

PART 2. 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 (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. IMPERVIOUS COVERAGE: Impervious coverage is the percentage of your lot that is covered by structures with a roof (for instance house(s), 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 (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.**



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**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

- 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

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 — <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 <i>(where required)</i>				
Signature of Contractor		Address	Application Date	
Signature of Owner		Address	Date	
<p>Email of Property Owner: _____</p> <p>Email of Contractor: _____</p> <p>Email of Architect or Engineer: _____</p>				

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	
<p>Building and Zoning Permit Number _____</p> <p>Building and Zoning Permit issued _____ 19 _____</p> <p>Building and Zoning Permit Fees \$ _____</p> <p>Certificate of Occupancy \$ _____</p> <p>Plan Review Fee \$ _____</p>	<p style="text-align: center; font-weight: bold; font-size: small;">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>
<p style="text-align: right;">Building Approved by: _____</p>	
<p style="text-align: right;">TITLE _____</p>	



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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.