



Demolition Permit Checklist

- _____ Chester County Assessment Letter
- _____ Workman's Compensation Form
- _____ Zoning Permit Application
- _____ Demolition Permit Application

***** ALL PERMIT SUBMISSIONS MUST CONTAIN:
TWO (2) COPIES OF EACH PERMIT APPLICATION
TWO (2) SETS OF DRAWINGS/PLOT PLANS *****

**Residential & Commercial
Building/Zoning Inspector**

Scott Moran
610-637-1003

scott.accuratebuilding@gmail.com

Penn Township Office

610-869-9620

office@penntownship.us

Office Hours:

Monday-Thursday
CLOSED Fridays & Holidays
8 AM to 4 PM

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.



WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION
PENN TOWNSHIP, CHESTER COUNTY, PENNSYLVANIA
260 Lewis Road, West Grove PA, 19390

I. Applicant Information:

Name _____
Address _____
Phone/Email _____

A. Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation law.

☐ Yes (Complete section II, III, IV, V, and VI below)

B. Applicant has hired or intends to hire a contractor within the meaning of the Pennsylvania Workers' Compensation law.

☐ Yes (Complete section II, III, IV, V, and VI below)

C. Applicant is property owner doing own work.

☐ Yes (Complete section V below)

II. Contractor's Federal or State Identification Number: _____

III. Insurance Information: If contractor is a qualified self-insurer for Workers' Compensation, attach Certificate of Insurance to this Addendum. If contractor subscribes for Workers' Compensation Insurance:

Name and Address of Workers' Compensation Insurer _____

Policy Number: _____ Policy Expiration Date: _____

***** ATTACH CERTIFICATE OF INSURANCE TO THE ADDENDUM (Penn Township must be named as an additional insured on all Certificates of Workers' Compensation and/or all Certificates of Qualified Self-Insurance) *****

IV. Exemption: This section to be completed ONLY if applicant/contractor is claiming exemption from providing Workers' Compensation Insurance. The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following:

☐ Applicant/Contractor has no employees

☐ Applicant/Contractor claims religious exemption under the Workers' Compensation Law.

In the event that Penn Township requires verification that a building permittee has filed an affidavit of exemption from Workers' Compensation, has hired employees to perform work in connection with the building permit and has not obtained the required Insurance and provided Penn Township with the requisite information, Penn Township shall issue a STOP WORK ORDER. Such Stop Work Order shall remain in effect until proper Workers' Compensation coverage is obtained and proper documentation is received by Penn Township.

V. Applicant's signature indicates that Applicant understands and accepts the requirements of this form.

Applicant's signature

Date

VI. Notarization

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

Subscribed and sworn to me this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____



ZONING PERMIT APPLICATION
PENN TOWNSHIP, CHESTER COUNTY, PENNSYLVANIA
260 Lewis Road, West Grove PA, 19390

(Required prior to issuance of Building Permit for all structures unregulated per PA Act 45)

Date: _____ Applicant Email Address: _____

Applicant _____
Name Address Phone Number

Property Owner _____
Name Address Phone Number

Site Location _____
Lot Number House Number Street/ Road

Parcel Type (*check below*) Zoning District _____
Residential Commercial Industrial Other _____

Project Type (*check below*)
New Principal Construction Addition Renovation New Accessory Construction Other _____
Construction Construction

Was a Conditional Use Hearing required? No Yes (*If yes, attach a copy of the Conditional Use Decision*)

Was a Zoning Hearing required? No Yes ☐ (*If yes, attach a copy of the Zoning Hearing Board's Decision*)

Note: All applications require two (2) copies of the site plan showing property lines, building setback lines, existing buildings and driveways, and proposed buildings, additions and/or driveways. Locate the existing and proposed structures and driveways with dimensions to the property line. Please use a scale for the plans 1" = 10'. Deck applications must demonstrate a section view indication the elevation or height from finished grade of structure.

I declare under the penalties of perjury that this application (including any accompanying plans and specifications) has been examined by me(us) and to the best of my(our) knowledge and belief is a true, correct and complete application. All construction must conform to standard engineering practices.

All owners must sign this application and agreement in addition to any other application.

Signature of Applicant

Signature of Property Owner

☐ Approved ☐ Denied _____ Date: _____
Building Code Official

Fees \$ _____ Permit # _____ Tax Parcel # _____ Zoning District _____



BUILDING DEMOLITION APPLICATION & CERTIFICATE
PENN TOWNSHIP, CHESTER COUNTY, PENNSYLVANIA
260 Lewis Road, West Grove PA, 19390

Date _____

Property Owner _____ Email _____

Address _____ Phone _____

Building Code _____ Department of Labor & Industry _____

The name of the Owner above hereby make the application for the permission to demolish a building or structure on the property described herein, in accordance with the following provision of Ordinance: Chapter 5 Code Enforcement.

Sections: _____

Type of building or structure; footprint area in SF, # stories, # bedrooms, type of construction

Was used for _____

Locations of Property _____ Size of Parcel _____ acres

Lot Coverage _____ in percent (%)

Contractor name _____ Phone/Email _____

Project Manager _____

REQUIRED SUBMITTALS:

1. Release from all the utilities and County Health Department, stating that their respective service connections and appurtenant equipment have been removed or sealed and plugged in a safe manner; or A signed letter from the owner stating that all utility service connections and appurtenant equipment have been removed or sealed and plugged in a safe manner, and the owner takes full liability that this has been completed; or proof of inspections by the Township Building Inspector (an additional fee will be charged).
2. Application fee.
3. This application form.

Owner's signature

Permission Granted ☐ Permission Denied ☐ Date: _____ Denial Reason: _____

Demolition Permit # DP _____	FIELD INSPECTION:
Permit Issue Date _____, 20____	_____
THIS PERMIT IS NOT VALID UNTIL a fee of	_____
_____ dollars has been paid to the Township	Certified Building Official _____ Date _____

Code Enforcement Officer

Date

Fees \$ _____ **Permit #** _____ **Tax Parcel #** _____ **Zoning District** _____