



West Caln Township
721 W. Kings Highway
P.O. Box 175
Wagontown, Pa. 19376
(610) 384-5643
Fax (610) 384-9035

APPLICATION FOR A BUILDING PERMIT

Before submitting your Building Permit Application, please review the following to insure the completeness of your application.

Stormwater Management

Projects involving the cumulative addition of 1000 square feet or more of impervious coverage or earth disturbance of more than 5000 square feet will require a Stormwater Management Permit be completed, approved and paid in full prior to a building permit application being reviewed. Please note that swimming pools and most gravel surfaces are considered "impervious". All expenses associated with the Stormwater Management Permit application and review process are the responsibility of the property owner. More information on these expenses is found on the Stormwater Management Permit application packet.

Plans and Specifications

Submit two (2) copies of specifications and plans drawn to scale, with sufficient clarity and detailed dimensions to show the nature of the work to be performed. Plans must include all electrical, plumbing and mechanical drawings when such work is being proposed. When the quality of materials is essential for conformity to code, product information should be supplied. The building official may, at his discretion, waive or adjust the requirements for detailed plans when the work applied for is of a minor nature.

Site Plan

Submit a site plan showing to-scale the size and location of all proposed new construction, all existing structures, and the distances from lot lines. Include all pertinent information such as street names, well and septic locations, wooded areas, steep slopes, etc. It should be drawn in accordance with an accurate boundary line. In the case of demolition, the plot plan should show all construction to be demolished and the location and size of all existing structures and construction that are to remain on the site.

Engineering Details

The building official may require adequate details of structural, mechanical and electrical work; including computations, stress diagrams and other essential technical data to be filed. All engineering plans and computations shall bear the signature and seal of the engineer or architect responsible for the design. Plans for buildings more than two (2) stories in height should indicate how required structural and fire resistance rating integrity will be maintained, and where penetration will be made for electrical, mechanical, plumbing and communication conduits, pipes and systems.

No permit will be issued without required plans and specifications being submitted.

No permit will be issued to the applicant until the appropriate fees have been paid. **Two checks will be required for fees: 1 payable to Commonwealth Code Inspection Services (CCIS) and 1 payable to West Caln Township.**

A Use & Occupancy Permit will not be issued until all inspections are completed

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APPLICATION FOR BUILDING PERMIT

Permit Application # _____
Permit Number _____
Permit Issue Date _____

PERMIT APPLICATION DATE: _____

PROPERTY INFORMATION

Owner(s): _____

Site Address: _____

Parcel No: _____

Total Lot Area: _____ acres/sq. ft

Zoning District: _____

Indicate One: Single-Family Dwelling Duplex/Multi Family Building Lot
 Commercial Property Other _____

BUILDING OWNER'S INFORMATION

Owner(s): _____

Phone: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

IMPROVEMENT TYPE(S)

- | | | |
|---|--|---|
| <input type="checkbox"/> Residential New Construction | <input type="checkbox"/> Residential Addition | <input type="checkbox"/> Residential Alteration or Repair |
| <input type="checkbox"/> Residential Deck/Porch/Patio | <input type="checkbox"/> Residential Swimming Pool | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Commercial New Construction | <input type="checkbox"/> Commercial Addition | <input type="checkbox"/> Commercial Alteration or Repair |
| <input type="checkbox"/> New Mobile Home | <input type="checkbox"/> Mobile Home Relocation | |

Description of Work - Be specific

In addition, you must submit a plot plan and all applicable building and/or engineering plans.

ESTIMATED COST OF CONSTRUCTION: \$ _____

ESTIMATED START DATE: ___/___/___ ESTIMATED COMPLETION DATE: ___/___/___

Contractor: _____ Phone No: _____
Mailing Address: _____ City: _____ ST: _____ Zip: _____
Email: _____
Person in Charge On-Site: _____ Phone: _____

Workman's Compensation Insurance Required Unless Exempt:

Provided With Application **On Record** **Exempt**

PA Home Improvement Contractor Registration Number: _____

SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades. Use a separate sheet if needed.

Contractor: _____	PA HIC: _____
Address: _____	Phone: _____
Contractor: _____	PA HIC: _____
Address: _____	Phone: _____
Contractor: _____	PA HIC: _____
Address: _____	Phone: _____

CERTIFICATION

I certify that I am the owner of record or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief.
Ref. 18 Pa. Cons. Stat. § 4903.

Applicant Signature: _____ Date: _____
Print Name: _____
Address: _____ City: _____ ST: _____ Zip: _____
Phone: _____

Applicant or Authorized Agent is responsible for contacting the Building Inspector for all required inspections. Contact information will be provided with the Building Permit.

Upon issuance of permit 2 checks will need submitted for appropriate fees: 1 payable to Commonwealth Code Inspection Services (CCIS) and 1 payable to West Caln Township

APPLICATION IS: <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> INCOMPLETE _____
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ZONING PERMIT APPLICATION

Date: _____

Name: _____

Street Address: _____

Mailing Address: _____

(if different) _____

Phone: _____

Tax Parcel #: _____ Zoning District: _____

Type & Size of Proposed Structure: _____

Estimated Project Cost: _____

The Impervious Coverage Worksheet and an accurate Plot Plan showing the following must accompany this application:

- Property lines with dimensions
- Distance from proposed structure and property lines and/or abutting streets
- All buildings, wells, and septic systems currently on the property
- All streets and driveways on and bordering the property

ALL New Impervious Coverage of over 1000 square feet is subject to the Stormwater Management Ordinance. A Zoning Permit will not be issued until all Stormwater requirements have been met.

Applicant Signature: _____ Date: _____

Zoning Approval: _____ Date: _____

Permit Fee Paid: _____ Permit Issue Date: _____

IMPERVIOUS COVERAGE WORKSHEET

Due to new PA DEP requirements, all EXISTING and PROPOSED impervious coverage must be reported. The following items should be shown on your plot plan. Please submit this worksheet with your Building or Zoning Permit application.

Today's Date: _____
Tax Parcel ID: _____
Property Address: _____
Property Owner: _____
Zoning District: _____

Total Sq. ft. of lot: _____

Sq. ft. of footprint home: _____

Sq. ft. of driveway: _____

Sq. ft. of sheds/barns: _____

Sq. ft. of detached garage: _____

Sq. ft. of pool/hot tub: _____

Sq. ft. of sidewalks: _____

Sq. ft. of patios: _____

Sq. ft. of decks: _____

Sq. ft. of porches: _____

Sq. ft. of any other impervious surfaces on property: _____

Identify "other": _____

PROPOSED Sq. Ft. of additions, patios, sidewalks, etc.: _____

Total impervious coverage allowed in this district: _____ %

Total impervious coverage: _____ **sq. ft.:** _____ %

**Pennsylvania Uniform Construction Code (UCC)
Religious Sect Exemption Affidavit**

This form may be utilized to satisfy one of the conditions for excluding a dwelling or structure from one or more requirements of the UCC. It should be filled out completely and submitted to the Building Code Official in the municipality in which the dwelling will be constructed. Submission of this form does not satisfy all the requirements of the Act related to this UCC exclusion. Please **type** or **print legibly** all requested information.

Exemption Requested for:

- Electrical provisions of the International Residential Code
- Plumbing provisions to the International Residential Code
- Lumber and wood provisions of the International Residential Code (other than for locations requiring wood treated for protection against decay and rot)

Dwelling or Structure Construction Site

Address

City	State	Zip Code
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Township/Borough/City	County
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Dwelling or Structure Owner Information

Name of Owner

Address

City	State	Zip Code
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Telephone Number

Religious Sect

Owner Attestation

By signing this statement in this presence of a notary public, I attest to the fact that the dwelling or structure to be constructed or occupied at the site above conforms to the following criteria:

1. The applicant is a member of a recognized religious sect;
2. The religious sect has established tenets or teachings which conflict with an electrical provision of the Uniform Construction Code;
3. The applicant adheres to the established tenets or teachings of the sect;
4. In the case of a dwelling unit, the dwelling unit will be used solely as a residence for the applicant and the applicant's household;
5. In the case of a one-room schoolhouse, the one-room schoolhouse will be used solely by members of the religious sect.
6. If an applicant receives an exemption for any building under this request and the applicant subsequently sells or leases the building, the applicant shall bring the building into compliance with the provision of the Uniform Construction Code from which it was exempted under this request prior to the sale or lease of the building unless the prospective subsequent owner or lessee files an affidavit in compliance with Items 1-5 above.

Owner's Signature _____ Date _____

Name of Notary _____ Date Commission Expires _____

ON-SITE SEPTIC INFORMATION

APPLICANTS PROPOSING TO UTILIZE AN EXISTING SYSTEM FOR NEW CONSTRUCTION OF A SINGLE-FAMILY DWELLING AND REMOVAL OF AN EXISTING SINGLE-FAMILY DWELLING

Per the County:

1. If the home to be demolished is currently occupied, has not been empty for 1 year, then the existing system can be used. If it has been empty for 1 or more years an inspection of the current system is required by the County to make sure the system is functioning;
2. If there is no increase in bedroom count from the old home to the new home then the existing system can be used. If there is an increase in bedroom count from the old to the new then the County requires an inspection and possibly permits;
3. If the home is being relocated to somewhere else on the lot (i.e. not using the existing footprint of the old home), as is the issue with this project, then it is on the applicant to prove that there is no need for modifications to the system needed (i.e. is there enough gravity to allow for the flow from the new house to the tank or will some type of pump system be needed). If any modifications are needed to the system then a permit will be needed from the County Health Department; and
4. If the property has been involved in an ongoing complaint investigation by CCHD and the complaint is confirmed the approval to utilize the existing system would be denied. Repair or replacement would be required. Permits will be needed from the County Health Department.

NOTE: Based on the above, the township requires Applicants to have the on-site septic system certified prior to issuance of a building permit.

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.