

WEST PIKELAND TOWNSHIP

P. O. Box 6, 1645 Art School Road

Chester Springs, Pa. 19425

Phone: (610)827-7660 Fax: (610)827-9141

BUILDING PERMIT PROCEDURE

1. The applicant must complete the ***Building Permit Application*** (attached). All questions pertaining to the scope of work performed for the project must be completed.
2. ***The attached list of all Contractors*** who will perform work under this permit must be completed.
3. All Contractors must register with the Township. Registration form is attached. All Registrations must be complete, with the following necessary information:
 - a. ***Copies of other Municipal Registrations***
 - b. ***A list of employees working at the job.***
 - c. ***Certificate of Insurance for Public Liability, Property Damage, Products Liability and Completed Operations,*** each of which must have a minimum coverage of \$500,000.00.
 - d. ***Workers Compensation Insurance*** when required. Agencies must carry insurance in the amount of \$1,000,000.00 per occurrence and Workers Compensation, when required.
 - e. If the Contractor is claiming exemption from providing Workers Compensation insurance, an ***Exemption Certificate*** (see attached) must be fully executed and notarized.
 - f. Required \$75.00 fee.
4. The ***Application for Electrical Permit*** (if applicable) must be completed by a certified electrician who is registered with the Township. Drawings are required.
5. The ***HVAC and Plumbing Permits*** (if applicable) must be completed by Contractors who are registered in the Township. Drawings not required but sometimes specifications may be required.
6. The Application package submitted to the Township must include:
 - a. Completed erosion control form including plot plan unless there is no change to the footprint of the present structure (i.e., all alterations, additions are interior).
 - Plot plan must show accurate measurements that include front, rear and side yards.
 - Driveway must be shown including all dimensions.
 - Stormwater Pit per Township Requirements. (Over 400 sq. ft. Cover added.)
 - Historic Architectural Review Board Application must be submitted for all Historic Buildings and structures within Historic Districts.
 - Historic Commission Application for Review must be submitted for Historic Structures and Historic resources within the Township.
 - Homeowners Association approval when required.

IF YOUR APPLICATION IS FOR A NEW HOME you must also submit:

- Two (2) sets of house plans; one set will be marked with any necessary additions or corrections and returned to the applicant. Plan specifications must meet UCC standards.
- Copy of well permit (Obtain permit from the Chester County Health Department (610)344-6225).
- Copy of sewer-septic permit (DO NOT SUBMIT ORIGINALS).
- Plot Plan, Grading and Erosion Control/Stormwater Plan.
- Driveway Permit if required.

IF YOU'RE APPLICATION IS FOR AN ALTERATION OR ADDITION

Which adds to/or changes the footprint of the present structure) you must also submit:

- A. Two (2) sketches or complete sets of plans depending on the magnitude of the addition or alteration. Contact the Building Inspector to discuss what level of detail is required prior to submitting your application.
- B. Plot plan for additions to include grading and Stormwater.

THE BUILDING INSPECTOR WILL COMPUTE THE PERMIT FEE AND ADVISE THE APPLICANT OF THE TOTAL CHECK NEEDED TO ISSUE THE PERMIT.

BUILDING INSPECTIONS

It is the applicant's responsibility to notify the Building Inspector, Tom Cooke, at least three (3) full days prior to when the inspection is needed. Tom works part-time for the Township Monday through Friday. It is the responsibility of the BUILDER to contact the Building Inspector at (610)827-7660 x105 for the building inspection.

Building Inspections REQUIRED and included in the permit fee are:

Footings – Prior to pouring

Foundation – Prior to back filling

Framing- Prior to insulation – Any underground utility/mechanical inspections when required before concealment.

Insulation – Prior to Drywall

Final Inspection required prior to issuance of Certificate of Occupancy

Construction not ready for inspection, after an appointment has been made with the Building Inspector, will be subject to a re-inspection charge of \$35.00.

ELECTRICAL INSPECTIONS

Middle Atlantic Inspections will be performing all electrical plan reviews and inspections of electrical installations in the Township. An approved Electrical Permit is required. To schedule all Electrical Inspections, please call Middle Atlantic Inspections at 1-800-732-2551 or 302-266-9057.

ALL ELECTRICAL REVIEW AND INSPECTION FEES WILL BE PAID AT THE TIME OF THE PERMIT ISSUANCE.

**WEST PIKELAND TOWNSHIP
APPLICATION FOR BUILDING PERMIT**

IMPORTANT – APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV

Section I	
Location of Buildings: _____	Zoning _____
District _____	
(No.)	(Street)
Between _____	and _____
_____	_____
(Cross Street)	(Cross Street)
Subdivision Name _____	Lot _____
Number _____	
Tax Parcel # _____	Ownership: <input type="checkbox"/> Private (individual, corporation, nonprofit institution, ect.) <input type="checkbox"/> Public (Federal, State, or Local)

C. TYPE OF IMPROVEMENT

1. New Building
2. Addition (if residential, enter number of new housing units added, if any in Part 13)
3. Alteration (see 2 above)
4. Repair, Replacement
5. Demolition (if multifamily residential, enter a number of units in building in part D 13)
6. Moving (relocation)
7. Foundation Only
8. Roof
9. Pool
10. Shed
11. Other (specify) _____

D. COST (Omit cents)

10. Cost of Improvement: \$ _____
- To be installed but not included in the above costs:
- a. Electrical: \$ _____
 - b. Plumbing: _____
 - c. Heating, air conditioning _____
 - d. Other (elevator, etc.) _____
- Total Cost of Improvement: \$ _____

E. 11. Proposed Use (if wrecking “most recent use”)

Residential

12. One Family
13. Two or More Family
Enter No. of Units _____
14. Transient hotel, motel, dormitory
Enter No. of Units _____
15. Garage
16. Carport
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 Utility
26. School, Library, other educational
27. Store, mercantile
28. Tanks, towers
29. Other

(Specify) _____

Nonresidential – Describe in detail proposed use of building, e.g. food processing plant, machine shop, laundry building

hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant, if use of existing building is being changed enter proposed use. _____

Section II – SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete parts D-H, for

Wrecking, complete only part I. For all others skip to Section IV.

F. PRINCIPAL TYPE OF FRAME

- 30. Masonary (wall bearing)
- 31. Wood Frame
- 32. Structural Steel
- 33. Reinforced concrete
- 34. Other-specify _____

G. PRINCIPAL TYPE OF HEATING

- 35. Gas
- 36. Oil
- 37. Electricity
- 38. Coal
- 39. Other-specify _____

F. TYPE OF SEWAGE

- 40. Public or private company
- 41. Private (septic tank,)

G. TYPE OF WATER SUPPLY

- 42. Public or private company
- 43. Private (well, cistern)

H. TYPE OF MECHANICAL

- 44. Air Conditioning Yes No
- 45. Elevator Yes No

I. DIMENSIONS

- 46. Number of Stories _____
- 47. Total square feet of all floors based on the exterior dimensions (include basement, craw & garage) _____
- 48. Total Land Area Sq. _____

J. NUMBER OF OFF-STREET PARKING SPACES

- 50. Enclosed _____
- 51. Outdoor _____

K. RESIDENTIAL BUILDINGS ONLY

- 52. Number of Bedrooms _____
- 53. Number of Bathrooms full _____ partial _____

Section III – IDENTIFICATION-To be completed by all applicants

Owner or Lessee
 Name: _____
 Mailing Address: _____ (No. Street)
 _____ (City, State,
 Zip)

Contractor
 Name: _____
 Contact Person: _____
 Mailing Address _____ (No., Street)
 _____ (City, State,
 Zip)

Achitect or Engineer
 Name: _____
 Contact Person: _____
 Mailing Address _____ (No., Street)
 _____ (City, State,
 Zip)

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant _____ Address _____
 Print Name of Applicant _____ Application Date _____

**PROOF OF INSURANCE (WORKERS COMPENSATION) OR NOTORIZED EXEMPTION
MUST ACCOMPANY APPLICATION**

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Section VI: PLAN REVIEW RECORD –For Office Use Only

Plan review requires	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	Approved by

Section VIII –ADDITIONAL PERMITS REQUIRED OR OTHE JURISDICTION APPROVALS

Permit of Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By

Section IX – VALIDATION

Building Permit Number: _____
 Building Permit Issued: _____
 Building Permit Fee: _____
 Certificate of Occupancy _____
 Plan Review Fee _____

Approved _____
 _____ (title)

*West Pikeland Township
P. O. Box 6
1645 Art School Road
Chester Springs, Pa. 19425
610-827-7660 Fax: (610)827-9141*

To be completed and returned with ALL building permit applications.

List name and registration number of contractors who will perform work under this permit on the appropriate line below:

General Contractor: _____ Registration # _____

Electrician: _____ Registration # _____

Electrical Insp. Agency: _____ Registration # _____

Plumber Interior: _____ Registration # _____

Plumber Exterior: _____ Registration # _____

HVAC: _____ Registration # _____

Sprinkler: _____ Registration # _____

Roofer: _____ Registration # _____

Other Third Party Inspection Agency:

_____ Registration # _____

_____ Registration # _____

_____ Registration # _____

ALL of the above listed Contractors must be registered prior to issuance of Building Permit

WEST PIKELAND TOWNSHIP

CHESTER COUNTY, PENNSYLVANIA

P.O Box 6
Chester Springs, PA
19425-0006

610-827-7660
fax 610-827-9141
office@westpikeland.com

CONTRACTOR REGISTRATION APPLICATION

All requested information must be completed or the application will be returned

As required, I hereby register to conduct business in West Pikeland Township.

Name/Company _____ Trade _____

Address: _____

Phone Number: _____ Fax Number: _____

Self Employed: () Yes () No Employed by _____

Address: _____

List other municipalities where registered and attach copies of the registration.

_____, _____, _____

List two (2) local references (1- bank, 1 business)

Name: _____ Address: _____

Name: _____ Address: _____

ATTACHED TO THIS APPLICATION ARE:

H. On a separate sheet of paper, please list names of all employees who will be working in West Pikeland Township with their job classification (labor, apprentice, journeyman, master, etc.)

I. Certificate of insurance for Public Liability, Property Damage, Product Liability, Completed Operations and Workers Compensation.

Upon registration, I agree to accept and be governed by all applicable Ordinances, rules, regulations and permit requirements which are or may be adopted by the West Pikeland Township Board of Supervisors.

Signature of Responsible Party: _____

Date: _____

Remainder of the form to be completed by the township

Registration Fee - \$75.00

Date Fee Paid: _____

Registration Number: _____

Application Approved this _____ day of _____, 200__

Signature of Approving Official: _____
(Township Secretary/Township Manager)

Date Approved: _____, 200__

ANY REGISTRATION ISSUED AFTER OCTOBER 31ST SHALL BE IN EFFECT UNTIL
DECEMBER 31ST OF THE FOLLOWING YEAR.