

## WEST PIKELAND TOWNSHIP

1645 Art School Road  
Chester Springs, Pa. 19425  
Phone: (610)590-4101 Fax: (610)228-3477

### 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. **Each Contractor of the work** must supply the Number of their current Pennsylvania Certificate, per the Commonwealth of Pennsylvania Office of the Attorney General
4. **A list of employees working at the job.**
5. **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.
6. **Workers Compensation Insurance** when required. Agencies must carry insurance in the amount of \$1,000,000.00 per occurrence and Workers Compensation, when required.
  - a. If the Contractor is claiming exemption from providing Workers Compensation insurance, an **Exemption Certificate** (see attached) must be fully executed and notarized.
7. The **Application for Electrical Permit** (if applicable) must be completed by a certified electrician. Drawings are required.
8. The **HVAC and Plumbing Permits** (if applicable) must be completed by Contractors. Drawings not required but sometimes specifications may be required.
9. 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.
10. 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 YOUR APPLICATION IS FOR AN ALTERATION OR ADDITION** which adds to/or changes the footprint of the present structure) you must also submit:

- 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.
- 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 at least three (3) full days prior to when the inspection is needed. The Inspector works part-time for the Township Monday through Friday. It is the responsibility of the BUILDER to contact the Building Inspector at (610)590-4104 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**

The West Pikeland Building Codes Official 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 610-590-4104 or e-mail [Permits@WestPikeland.com](mailto:Permits@WestPikeland.com).

**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: \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_  
 (Cross Street) (Cross Street)

Subdivision Name \_\_\_\_\_  
 Lot Number \_\_\_\_\_

Tax Parcel # \_\_\_\_\_ Ownership:  Private (individual, corporation, nonprofit institution, ect.)  
 Public (Federal, State, or Local)

**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.  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) \_\_\_\_\_

**B. 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: \$ \_\_\_\_\_

**C. 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) \_\_\_\_\_

**WEST PIKELAND TOWNSHIP**  
**APPLICATION FOR BUILDING PERMIT**

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.

**D. PRINCIPAL TYPE OF FRAME**

- 30.  Masonry (wall bearing)
- 31.  Wood Frame
- 32.  Structural Steel
- 33.  Reinforced concrete
- 34.  Other-specify \_\_\_\_\_

**E. 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**

<u>Owner or Lessee</u>	
Name:	_____
Mailing Address:	_____ (No. Street)
	_____ (City, State, Zip)
Phone:	_____ (cell) _____ (fax)
Email:	_____

Building Permit # \_\_\_\_\_  
For Office Use Only

Date Application Received \_\_\_\_\_  
For Office Use Only

**WEST PIKELAND TOWNSHIP**  
**APPLICATION FOR BUILDING PERMIT**

<u>Contractor</u>	
Name:	_____
Contact Person:	_____
Mailing Address	_____ (No., Street)
	_____ (City, State, Zip)
Phone:	_____ (cell) _____ (fax)
Email:	_____

<u>Architect or Engineer</u>	
Name:	_____
Contact Person:	_____
Mailing Address	_____ (No., Street)
	_____ (City, State, Zip)
Phone:	_____ (cell) _____ (fax)
Email:	_____

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 _____

**Section IV – FILING OF RUNOFF AND EROSION CONTROL PLAN (Prior to issuance of Building Permit)**

<u>Owner or Lessee</u>	
Name:	_____
Mailing Address:	_____ (No. Street)
	_____ (City, State, Zip)
Phone Number home/office _____	(cell) _____ (fax) _____
Email:	_____
<u>Owner or Lessee</u>	
Name:	_____
Mailing Address:	_____ (No. Street)
	_____ (City, State, Zip)
Phone Number home/office _____	(cell) _____ (fax) _____
Email:	_____

In the space below draw a simple plot plan showing the layout of the lot on which building is to take place. Include; (1) location of the building on the lot, (2) driveway-identify access street, (3) any other areas where the ground will be disturbed, (4) in the case if the ADDITION, indicate location of established buildings. **FOR ALL BUILDINGS;** Indicate what measures will be taken (swales, berms, hay bales, ect.) to divert runoff water away from the building site and to stabilize disturbed ground and filter soil out of runoff water (hay bales, ect.) show location and size of stormwater pit/basin. *Adequate measures must be taken to prevent runoff onto public streets and adjoining properties.* If building site is other than owner's address above, give physical address of building. Please give accurate measurements; show driveway and indicate how many feet from property line.

Building Permit # \_\_\_\_\_  
For Office Use Only

Date Application Received \_\_\_\_\_  
For Office Use Only

**WEST PIKELAND TOWNSHIP**  
**APPLICATION FOR BUILDING PERMIT**

Approximate size of lot \_\_\_\_\_ Acres

USE BLACK PEN (form must be reproduced). If the space in this block is not adequate, use back of this sheet instead. BE SURE TO INDICATE MEASUREMENTS FOR FRONT YARD, SIDE YARD (both) REAR YARD, AND MEASUREMENTS OF BUILDINGS

Date Submitted \_\_\_\_\_

Date Approved \_\_\_\_\_

**Section V – WORKERS’ COMPENSATION INSURANCE COVERAGE INFORMATION**

**THE APPLICANT IS:**

YES    NO   A Contractor within the meaning of the Pennsylvania Workers’ Compensation Law. (No Employees)

*If the answer is “yes”, complete Sections A and B as appropriate*

**WEST PIKELAND TOWNSHIP**  
**APPLICATION FOR BUILDING PERMIT**

**A. INSURANCE INFORMATION**

Name of Applicant \_\_\_\_\_  
Federal or State Employer Identification No. \_\_\_\_\_  
Applicant is a qualified self-insurer for workers' compensation  Certificate Attached  
Name of Workers' Compensation Insurer \_\_\_\_\_  
Workers' Compensation Insurance Policy No. \_\_\_\_\_  Certificate Attached  
Policy Expiration Date: \_\_\_\_\_  
\_\_\_\_\_

**B. EXEMPTION**

*Complete Section B if the applicant is a Contractor 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 the Pennsylvania Workers' Compensation for one of the following reasons as indicated:

Contractor with no employees. Contractor prohibited by law from employing any Individual to perform work Pursuant to this building unless contractor provides proof of insurance to the Township

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20

Signature of Applicant \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
County of Chester  
Municipality of West Pikeland Township

(SEAL)

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

Permit # \_\_\_\_\_

**WEST PIKELAND TOWNSHIP**  
1645 ART SCHOOL ROAD  
CHESTER SPRINGS, PA. 19425  
PHONE: (610)590-4104 FAX: (610)228-3477

Permit Fees  
Insp. Fee \$ \_\_\_\_\_  
Township Fee \$ \_\_\_\_\_  
Total Fee \$ \_\_\_\_\_

**APPLICATION FOR ELECTRICAL PERMIT**

NOTE: Additional information, plans and specifications may be required for larger projects

***TO SCHEDULE ALL ELECTRICAL INSPECTIONS please call 610-590-4104 or e-mail Permits@westpikeland.com***

OWNER NAME: \_\_\_\_\_  
SITE LOCATON: \_\_\_\_\_  
USE OF PREMISES: \_\_\_\_\_

NAME OF INSTALLER: \_\_\_\_\_ Reg. # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ CELL # \_\_\_\_\_  
ELECTRICIAN LICENSE \_\_\_\_\_

<input type="checkbox"/> 1 & 2 family	<input type="checkbox"/> Air Conditioning
<input type="checkbox"/> Apt. Building	<input type="checkbox"/> Oil Burning Equipment
<input type="checkbox"/> Public/Commercial Building	<input type="checkbox"/> Heater Conversion
<input type="checkbox"/> New Construction	<input type="checkbox"/> Electric Heat
<input type="checkbox"/> Addition	<input type="checkbox"/> Lighting
<input type="checkbox"/> Alteration	<input type="checkbox"/> Pool/Spa
<input type="checkbox"/> Repair	<input type="checkbox"/> Other _____
<input type="checkbox"/> Replacement	<input type="checkbox"/> Total Outlets
	<input type="checkbox"/> Total Circuits

Description of Electrical work and size of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I DO HEREBY CERTIFY THAT THE STATEMENT HEREIN ARE TRUE AND TO THE BEST OF MY KNOWLEDGE AND BELIEF.  _____ Applicant Print Name  _____ Applicant Signature Date: _____	Date _____ Approved by E.I. _____ Print Name: _____
	Date: _____ Approved by B.C.O. _____ Print Name: _____
	<i>Issuance of this permit is contingent upon all work being completed in compliance with the 2003 International Electrical Code including supplements and any other applicable Township Regulations.</i>



**West Pikeland Township  
1645 Art School Road  
Chester Springs, Pa. 19425  
610-590-4104 Fax: (610)228-3477**

APPLICATION FOR HVAC

Contractor: \_\_\_\_\_ Phone#: \_\_\_\_\_ PAREg# \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Property Location: \_\_\_\_\_

Owner/Lessee: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Description of Mechanical Work: \_\_\_\_\_

\_\_\_\_\_

Cost of Improvement/Work: \_\_\_\_\_

*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.*

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Contractor \_\_\_\_\_

*For office use only*

Permit Fees: \_\_\_\_\_

Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Township Approval \_\_\_\_\_, Building/Zoning Officer Date: \_\_\_\_\_

Township Disapproval: \_\_\_\_\_, Building/Zoning Officer Date: \_\_\_\_\_

**WEST PIKELAND TOWNSHIP  
1645 ART SCHOOL ROAD  
CHESTER SPRINGS, PA 19425**

Phone (610) 590-4104 Fax (610)228-3477

**PLUMBING PERMIT**

BP# \_\_\_\_\_

Date: \_\_\_\_\_

DEVELOPMENT \_\_\_\_\_

LOT # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PLUMBER NAME \_\_\_\_\_

PA. CERTIFICATE # \_\_\_\_\_

# OF TRAPS      \_\_\_\_\_ BASEMENT      \_\_\_\_\_ 1<sup>ST</sup> FLOOR      \_\_\_\_\_ 2<sup>ND</sup> FLOOR

OTHER \_\_\_\_\_

---

AMT OF FEE      \$ \_\_\_\_\_

APPROVED DATE \_\_\_\_\_

SIGNED \_\_\_\_\_  
BUILDING/ZONING OFFICER

**West Pikeland Township**  
1645 Art School Road  
Chester Springs, Pa. 19425  
610-590-4104 Fax: (610)228-3477

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: \_\_\_\_\_ PA.Registration # \_\_\_\_\_

Electrician: \_\_\_\_\_ PA.Registration # \_\_\_\_\_

Electrical Insp. Agency: \_\_\_\_\_ PA.Registration # \_\_\_\_\_

Plumber Interior: \_\_\_\_\_ PA.Registration # \_\_\_\_\_

Plumber Exterior: \_\_\_\_\_ PA.Registration # \_\_\_\_\_

HVAC: \_\_\_\_\_ PA.Registration # \_\_\_\_\_

Sprinkler: \_\_\_\_\_ PA.Registration # \_\_\_\_\_

Roofer: \_\_\_\_\_ PA.Registration # \_\_\_\_\_

Pennsylvania State Registration number: \_\_\_\_\_

Other Third Party Inspection Agency:

\_\_\_\_\_ Registration # \_\_\_\_\_

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

### Excavation near pipelines/buried facilities

No excavation, including hand digging, shall be made on the pipeline right-of-way without prior notification to NGT&S through Call Before You Dig (811) or the state One Call service. Subsequent follow-up must be made to NGT&S to seek approval for the proposed construction. Within 36 inches of the outer edge of the pipe, on all sides, only hand excavation, air cutting and vacuum excavation are permitted.

### Crossing pipelines with heavy equipment

NGT&S may require heavy equipment operators to install mats, dirt pads or other approved protective materials to adequately protect NGT&S pipelines from potential damage by heavy equipment crossing the right-of-way. All proposed road crossings of buried facilities must be evaluated by NGT&S personnel. Any additional over-burden must be removed after construction unless otherwise directed by NGT&S personnel. *Right-of-Way Use Specifications, Section 3.7*

### Blasting plans must be approved

Any blasting proposed within 300 feet of NGT&S facilities must be submitted to NGT&S in advance, along with a blasting plan outlining such proposed activity. No blasting may begin unless and until NGT&S provides written confirmation that it does not object to such blasting. Any modifications to the blasting plan must also be submitted to NGT&S for review and should not be implemented unless and until NGT&S provides written confirmation that it does not object to such modifications. The blasting contractor may be required to monitor and record seismic shock at the facilities. *Right-of-Way Use Specifications, Section 3.10*

### Allow adequate clearance for directional drilling

Any directional drilling or boring proposed under NGT&S's buried facilities must be submitted to NGT&S for review and approval. A minimum of 24 inches of vertical clearance must be maintained from NGT&S's facilities and additional excavations may be required to ensure adequate clearance. As-built plans are required for all borings. *Right-of-Way Use Specifications, Section 3.6*

### Maintain up to 300-foot clear area around storage well heads

Property owners or developers must notify NGT&S of any proposed construction or excavation within 300 feet in any direction of a natural gas storage well. For safety, NGT&S reserves the right to object to any such proposed activities or placement of objects closer than 300 feet to a storage wellhead.



**Know what's below.  
Call before you dig.**

**National Call Before You Dig Service – 811**

For more information,  
contact NGT&S at 866-701-9582  
or e-mail [pipelinelandowners@nisource.com](mailto:pipelinelandowners@nisource.com).

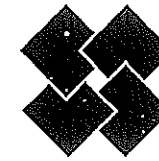
*"Minimum Guidelines for construction near natural gas pipeline facilities" addresses the most common issues concerning land use on/near NGT&S rights-of-way. "Right-of-Way Use Specifications" provides additional technical information as well as guidance on various areas not covered here, and should be consulted as needed. In rare cases, NGT&S may determine that adherence to a specific provision of the Minimum Guidelines/Right-of-Way Use Specifications is not feasible for a particular project. In such instances, NGT&S may, at its sole discretion, elect to modify specific requirements for that project. Said modifications shall be made by appropriate NGT&S personnel and shall be properly documented.*

*These guidelines supersede any and all prior guidelines pertaining to activities and placements on or near gas transmission facilities owned by an NGT&S company. Existence of, or the ramifications from, the implementation of prior guidelines will not dictate, direct or provide for exemption of any of the above guidelines.*

May 2009

# Minimum Guidelines

for construction near  
natural gas pipeline facilities



**NiSource Gas  
Transmission & Storage®**

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**EMERGENCY  
TELEPHONE NUMBER  
1-800-835-7191**

**REPORT  
LOCATION AND  
LINE NUMBER**

# COUNTY OF CHESTER, ASSESSMENT OFFICE

121 N. WALNUT STREET, SUITE 200, P.O. BOX 2748, WEST CHESTER, PA 19380-0991

610-344-6105  
Fax 610-344-5902  
www.chesco.org

JEFFREY A. LAUDENSLAGER  
Director of Assessment

JOSEPH A. FINNAREN, C. P. E.  
Chief Assessor

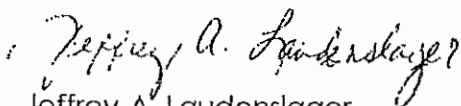
Dear Property Owner:

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.

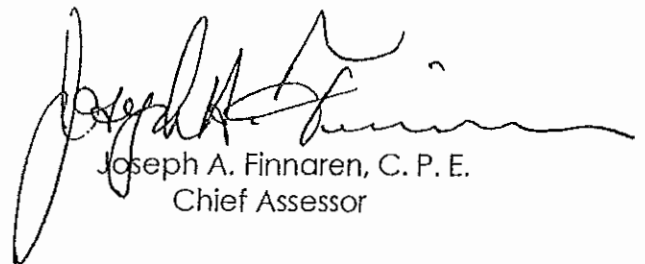
- 1) The municipality is required to supply a list of all building and zoning permits to the Assessment Office monthly.
- 2) An assessor will visit your property when they are in your municipality (generally rotate through every 2 – 3 months).
- 3) When arriving at your property, the assessor will come to the front door 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 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,



Jeffrey A. Laudenslager  
Director - Chester County Assessment Office



Joseph A. Finnaren, C. P. E.  
Chief Assessor