## NEWLIN TOWNSHIP CHESTER COUNTY, PENNSYLVANIA

1751 Embreeville Road Coatesville, Pa 19320

Phone: (610) 486 - 1141 Fax: (888) 659 - 8823

Email: info@newlintownship.org Copy to: <u>cakologie@casval.com</u>

#### **ZONING PERMIT APPLICATION**

A Zoning Permit is required prior to the issuance of a building permit.

Instructions for completing Application:

Location of Work.

- 1. This application and any accompanying plans must be mailed to: CASTLE VALLEY CONSULTANTS, INC., 1011 Daisy Point Road, Pottstown, PA 19465. For faster service, you can email the application and plans to <a href="mailto:cakologie@casval.com">cakologie@casval.com</a>. The zoning officer will send you a permit fee worksheet with the required fees to be submitted. Please copy the Township on all correspondence. <a href="mailto:info@newlintownship.org">info@newlintownship.org</a>.
  - NOTE: Three (3) sets of plans and specifications shall accompany the application as well as three (3) plot plans showing the size of the lot and the location of improvements thereon, giving side, rear and front yard requirements.
- 2. The application fee and a copy of the application form must be sent to Newlin Township at the address above. For faster service, you can email to <a href="mailto:info@newlintownship.org">info@newlintownship.org</a>. NO APPLICATION WILL BE ACCEPTED WHICH IS INCOMPLETE AND/OR WHICH IS SUBMITTED WITHOUT THE REQUIRED FEE. FEES MUST BE RECEIVED BY THE TOWNSHIP SECRETARY PRIOR TO ACCEPTANCE OF THE APPLICATION.

For any and all questions, please use the Township as first point of reference.

Address:			
Tax Parcel #:	Site Location	·	
		Lot #	Subdivision/Land Development
<b>Contact Information:</b>			
Name of Owner	Address	3	
Phone Number	Email		
Name of Applicant	Address	3	

Phone Number	Email
Name of Contractor	Address
Phone Number	Email
Name of Architect/Engine	er Address
Phone Number	Email
Type of Work or Improve	ement (Check all that apply):
☐ Change of Use ☐ Road Opening ☐	Deck Demolition Relocation Shed Sign Zoning
Describe the Proposed Wor	k:
Estimated Cost of Constr	uction (Reasonable fair market value) \$
Zoning Compliance:	
Is your property within any Airp Steep	of the following?: ort Overlay  Slope Conservation Overlay  Village Overlay
Minimum setbacks required	l by zoning ordinance (ft.):
Front: Rear	Right Side Left Side
Site Feature Dimensions:	
Existing Building Area: Proposed Building Area: Total Building Area: Total Existing Impervious:	sq. ft. Height of Structure Above Grade:ft. sq. ft. Area of the Largest Floor:sq. ft.

Floodplain:			
Is the site located within an identified flood prone area?	□ Yes	□ No	□ N/A
Will any portion of the flood prone area be developed?	□ Yes	□ No	□ N/A
If "yes", attach one (1) of the flood hazard certifications the International Building Code.	s mandate	d in section	1612.5 of
Owner/Agent shall verify that any proposed construction activity of the National Flood Insurance Program and the Pennsylvani (Act 166-1978), specifically Section 60.3 (d).	-		-
Wetlands:			
Is the site located within an identified wetland area? Will any portion of the wetland area be developed?	☐ Yes ☐ Yes	□ No	□ N/A
Owner/Agent shall verify that any proposed construction activity of the Commonwealth of Pennsylvania Department of Environ. Chapter 105).	-		-
TOWNSHIP USE ONLY BELOW TH	IS LINE		
PERMIT NO.:			

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#### **ELECTRICAL PERMIT APPLICATION**

In connection with erection of new buildings, additions, alterations, repairs, raising, moving, removing or tearing down any building or part of same.

This permit is for any work not exempted under the parameters of PA. ACT 45, SECTION 403.62

Instructions for completing Application:

- 1. This application and any accompanying plans must be mailed to: CASTLE VALLEY CONSULTANTS, INC., 1011 Daisy Point Road, Pottstown, PA 19465. For faster service, you can email the application and plans to <a href="mailto:cakologie@casval.com">cakologie@casval.com</a>. The zoning officer will send you a permit fee worksheet with the required fees to be submitted. Please copy the Township on all correspondence. <a href="mailto:info@newlintownship.org">info@newlintownship.org</a>.
  - NOTE: Three (3) sets of plans and specifications shall accompany the application as well as three (3) plot plans showing the size of the lot and the location of improvements thereon, giving side, rear and front yard requirements.
- 2. The application fee and a copy of the application form must be sent to Newlin Township at the address above. For faster service, you can email to <a href="mailto:info@newlintownship.org">info@newlintownship.org</a>.

  NO APPLICATION WILL BE ACCEPTED WHICH IS INCOMPLETE AND/OR WHICH IS SUBMITTED WITHOUT THE REQUIRED FEE. FEES MUST BE RECEIVED BY THE TOWNSHIP SECRETARY PRIOR TO ACCEPTANCE OF THE APPLICATION.

NOTE: Three (3) sets of plans and specifications shall accompany the application as well as three (3) copies of the unit specifications from the manufacturer and three (3) copies of the sizing calculations or equivalent. Applicants must complete the attached insurance form pursuant to the Workers Compensation Reform Act P.A. 44.

NO APPLICATION WILL BE ACCEPTED WHICH IS INCOMPLETE AND/OR WHICH IS SUBMITTED WITHOUT THE REQUIRED FEE. FEES MUST BE RECEIVED BY THE TOWNSHIP SECRETARY PRIOR TO ACCEPTANCE OF THE APPLICATION.

Please submit the <u>completed</u> application via email to: <u>info@newlintownship.org</u> For any and all questions, please use the Township as first point of reference.

PERMIT NO		DATE ISSUED:
Location of Work:		
TAX PARCEL NUMB	ER:	USE:
TO: The Building/Zoni	ng Officer, Township of	Newlin, Chester County, PA
APPLICANT		
Name of Owner	Address	
Phone Number		

# INSTALLER

Name of Installer	Address	
Phone Number	Email	
INSPECTING AGENCY		
Name of Inspecting Agency	y Address	
Phone Number	Email	
Type of Building (Check al	l that apply):	
☐ House ☐ Apartm If House, how many	_	nilding Commercial Building etc.):
Type of Work:		
☐Alteration ☐Repa	air Replacemen	t New Construction
Special Conditions:		
☐ Air Conditioning [☐ Electric Heat [	_	ipment Gas Burning Equipment
Description of Electrical W	ork & Size of Servi	ce:
		LL CONFORM WITH ALL APPLICABLE PECTION CERTIFICATE REQUIRED
Fee: \$		Estimated Cost: \$
I HEREBY CERTIFY TH THE BEST OF MY KNOV		MENTS CONTAINED HEREIN ARE TRUE TO LIEF.
Owner's Signature		Applicant's Signature
Approved By		Date