





# 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](http://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**

(attach to building permit application)

**A. The Applicant is or is contracting with**

A contractor within the meaning of the Pennsylvania Workers' Compensation Law.

D Yes                    D No

If the answer is yes, complete Section B or C as appropriate. If no, complete Section D.

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**B. Insurance Information**

Contractor Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Applicant is a qualified self-insurer for workers' compensation.

D Certificate attached

Insurance Provider: \_\_\_\_\_

Policy#: \_\_\_\_\_

0 Certificate attached

Policy Expiration Date: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**C. Exemptions - Complete if claiming exemption from providing workers' compensation insurance.**

The undersign swears or affirms that he/she is not required to provide workers' compensation insurance under the provision of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

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

D Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to/before me this day of \_\_\_\_\_  
\_\_\_\_\_ 20\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Notary Public)*

Printed Name: \_\_\_\_\_

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

My commission expires \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

County of: \_\_\_\_\_

Municipality of: \_\_\_\_\_

(Seal)

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**D. Property owner ONLY doing work. No contractors or employees involved. Date: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**TOWNSHIP OF NEWLIN**  
**CODES DEPARTMENT**  
1751 Embreeville Road, Coatesville, PA 19320  
www.newlintownship.org

**Impervious Coverage Worksheet**

Property Owner's Name _____	
Address of Property _____	
Parcel ID # _____	Phone Number _____
Total Project Area of Disturbance (square feet) _____	<u>A</u>
Previously Installed Impervious Coverage since January 1, 2014 _____	<u>B</u>
Total Project Area of New Impervious Surface Being Proposed _____	<u>C</u>
Total Cumulative Impervious Coverage Installed since January 1, 2014 _____	<u>D (B+C)</u>
Stormwater Management Submission Type:	<input type="checkbox"/> Exempt
	<input type="checkbox"/> Minor Stormwater Site Plan
	<input type="checkbox"/> Stormwater Site Plan
Total New Impervious Area Since January 1, 2014 _____ (Same as D above)	
(This value to be used for "Previous Impervious Area prior to January 1, 2014 for subsequent permit applications".)	
<p><b>Acknowledgement</b> - I declare that I am the property owner, or representative of the owner, and that the information provided is accurate to the best of my knowledge. I understand that stormwater may not adversely affect adjacent properties or be directed onto another property without written permission. I also understand that false information may result in a stop work order or revocation of permits. Municipal representatives are also granted reasonable access to the property for review and/ or inspection of this project if necessary.</p>	
Signature _____	Date _____
Printed Name: _____	

**This form to be filled out for all projects requiring a zoning, building, or stormwater permit.**