NEWLIN TOWNSHIP CHESTER COUNTY, PENNSYLVANIA

1751 Embreeville Road Coatesville, Pa 19320

Phone: (610) 486 - 1141 Fax: (888) 659 - 8823 Email: info@newlintownship.org

BUILDING PERMIT APPLICATION

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

Instructions for completing Application:

1. This application and any accompanying plans must be emailed to: info@newlintownship.org. Fill out the Building Permit to the best of your knowledge. Unless requested, we do not need hard copies. Please attach all plans and specifications along with a plot plan which should show the size of the lot and the location of improvements thereon, giving side, rear and front yard requirements. The zoning office will send you a permit fee worksheet with the required fees to be submitted.

NO APPLICATION WILL BE ACCEPTED WHICH IS INCOMPLETE

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

Applicants must complete the attached insurance form pursuant to the Workers Compensation Reform Act P.A. 44.

PERMIT NO	USE		
		DATE	
TO: The Building/Zoning O	fficer, Township of	Newlin, Chester County, PA	
APPLICANT			
Name of Owner	Address		
Phone Number	Email		
TAX PARCEL NUMBER:			
Application is hereby made	for a permit to:		

Lot # House # Street or Road Zoning District: Flexible Rural Development Agricultural Preservation Steep Slope Conservation Overlay Village Overlay Floodplain Conservation Over Plot of Ground x (depth) Summary of Estimated Cost Permit Fees S Garages S S S S S S S S S	Site Location							
Steep Slope Conservation Overlay Village Overlay Airport Overlay Floodplain Conservation Over	Lot	# House	# Street	or Road				
Airport Overlay Floodplain Conservation Over Plot of Ground x (depth) Summary of Estimated Cost Permit Fees S Garages \$ S Porches \$ S Zoning \$ S S S S S S S S S	Zoning District:	Flexible	e Rural Dev	elopment		Agricultu	ral Preserv	ation
Plot of Groundx		Steep S	lope Conser	rvation Overlay		Village O	verlay	
Grange Gepth Summary of Estimated Cost Permit Fees		☐ Airport	Overlay			Floodplair	n Conserv	ation Overla
Grange Gepth Summary of Estimated Cost Permit Fees	Plot of Ground		Κ					
Building \$ \$ \$								
Garages \$ \$				Summary of	Estimo	ated Cost	Pern	nit Fees
Porches \$ \$			Building	\$			\$	
Zoning \$ \$			_					
Other Total \$ \$								
Total \$ \$			_					
The Building is to be used as: Garage Basement Ist Floor 2nd Floor Total Floor area (Sq. Ft.) I declare under the penalties of perjury that this application (including any accompanying plant and specifications) has been examined by me and to the best of my knowledge and belief is a true, correct and complete application. All construction must conform to standard engineering practices. FEE \$ OWNER (signature) BUILDER DATE (address of Builder or Contractor) Phone Number Email PA HIC #							\$	
Garage Basement 1st Floor 2nd Floor Total Floor area (Sq. Ft.) I declare under the penalties of perjury that this application (including any accompanying plans and specifications) has been examined by me and to the best of my knowledge and belief is a true, correct and complete application. All construction must conform to standard engineering practices. FEE \$			Total	Φ			Φ	
Floor area (Sq. Ft.) I declare under the penalties of perjury that this application (including any accompanying plant and specifications) has been examined by me and to the best of my knowledge and belief is a true, correct and complete application. All construction must conform to standard engineering practices. FEE \$	The Building is to	be used as: _						
and specifications) has been examined by me and to the best of my knowledge and belief is a true, correct and complete application. All construction must conform to standard engineering practices. FEE \$	Floor area (Sq. Ft.)	_			Floor	2nd F	loor	Total
APPROVED DISAPPROVED	and specifications) true, correct and c	has been ex	amined by	me and to the	best o	f my know	ledge and	belief is a
APPROVED DISAPPROVED	FFF \$							OWNER
APPROVED BUILDER (signature) or CONTRACTOR DATE (address of Builder or Contractor)	Τ ΕΕ ψ			(signat	ure)			_OWITER
DATE (address of Builder or Contractor) Phone Number Email PA HIC #	☐ APPROVED	□DISAP	PROVED					BUILDER
Phone Number Email PA HIC #				(signat	ture)		or CON	TRACTOR
Phone Number Email PA HIC #	DATE							
			(addre	ess of Builder or	Cont	ractor)		
	Phone Number	 Fmail				- <u>—</u> РА	HIC#	
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Decition / Zenine Office								
Building / Zoning Officer	Building / Zoning O	fficer						

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 themself 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.
- 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. **DYes** If the answer is yes, complete Section B or C as appropriate. If no, complete Section D. **B.** Insurance Information Phone #: _____ Contractor Name: ____ Address Applicant is a qualified self-insurer for workers' compensation. D Certificate attached Policy#:_____ Insurance Provider: 0 Certificate attached Policy Expiration Date: Contractor's Signature: ______ Date:_____ **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. Subscribed and sworn to/before me this day of D Religious exemption under the Workers' 20 Compensation Law. Signature: —— (Signature of Notary Public) Printed Name: Address: My commission expires ——————— Phone: County of: ———————— Municipalityof:______ (Sea/) **D.** Property owner ONLY doing work. No contractors or employees involved. Date:

TOWNSHIP OF NEWLIN CODES DEPARTMENT

1751 Embreeville Road, Coatesville, PA 19320 www.newlintownship.org

Impervious Coverage Worksheet

Address of Property		
Parcel ID #	Phone Number	
Total Project Area of Disturba	ance (square feet)	<u>A</u>
Previously Installed Impervio	us Coverage since January 1,2014	<u>B</u>
Total Project Area of New Im	pervious Surface Being Proposed	<u>C</u>
Total Cumulative Impervious	Coverage Installed since January 1, 2014	D (B+C)
Stormwater Management Submission	on Type: Exempt Minor Stormwater Site Plan Stormwater Site Plan	1
Total New Impervious Area Since I (This value to be used for "Previous In	anuary 1, 2014 npervious Area prior to January 1, 2014 for subsequent p	(Same as D above) ermit applications".)
nformation provided is accurate to adversely affect adjacent properties understand that false information m	am the property owner, or representative of the own the best of my knowledge. I understand that stormwor be directed onto another property without written ay result in a stop work order or revocation of permionable access to the property for review and/ or insp	vater may not a permission. I also its. Municipal
Signature	Date	

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