TOWNSHIP OF WEST GOSHEN

COMMERCIAL CODE PACKAGE AND INSPECTION REQUIREMENTS
TOWNSHIP OF WEST GOSHEN
1025 PAOLI PIKE
WEST CHESTER, PENNSYLVANIA 19380
PHONE: 610-696-5266
FAX: 610-429-0616

CODE LIST FOR WEST GOSHEN TOWNSHIP

The following are the current codes enforced by West Goshen Township:

- International Building Code, 2015 including
- International Existing Building Code, 2015
- International Fire Code, 2015
- International Residential Code, 2015
- International Plumbing Code, 2015
- International Electrical Code, 2015
- National Electric Code, 2014
- International Mechanical Code, 2015
- International Fuel Gas Code, 2015
- International Property Maintenance Code, 2015
- Other codes as referenced by the above codes

Land development and zoning approvals must be obtained prior to plan submission.

All permit applications shall include (2) two sets of original complete plans with the original seals from architect and engineers. The Design Professional in Responsible Charge must coordinate plan submission.

We will review and stamp each approved set of drawings. One set will be returned at the time the permit is picked up and must be kept on site.

**All submissions must be complete. A complete submission shall include Building, Mechanical, Plumbing, Use and Occupancy, and Electrical applications (if required), construction contracts, plans and completed checklist. Submissions missing any of these items will be rejected at the counter, or upon review by the Building Official.**

Information submitted via fax machine will not be accepted.

Plan review will be 30 working days from the date of complete submission.
REQUIRED COMMERCIAL CONSTRUCTION DOCUMENTS

All plans must be signed and sealed by the registered design professional responsible for this work

SITE PLAN: Scaled drawing, which shows the size and location of all new construction and all existing structures on the site. Distances from structure(s) to lot lines and to other structures on site. Impervious and building coverage. Lease lines with parking analysis

STORM WATER MANAGEMENT: Scaled drawings for storm water quality controls showing details, size and location of facilities for all new impervious and building coverage on the site. Applicants that do not meet the requirements for storm water management exemption criterion must apply for a Soil Erosion and Sediment Control Permit.

SOILS REPORT: Results of soil investigation that determines the allowable soil bearing pressure to be used by the design professional in the foundation design. All New Buildings or additions to existing buildings.

ACCESSIBILITY: Provide a plan that shows all accessible features of building, including routes both interior and site, entrances and means of egress, areas of refuge, facilities and elevations, hardware, handrail ramps and other requirements for an accessible building per IBC and ICC/ANSI A 117.1.

SPECIFICATIONS: Requirements for submittal may vary on how much information is shown on the construction drawings.

LIFE SAFETY: Provide a plan that shows egress calculations, occupancy loads and uses for each room, travel distance, exit widths, emergency lighting and exit signs in accordance with NFPA 101 and the IBC.

ARCHITECTURAL: Dimensioned plans ¼ or 1/8 in. scale for each floor level that shows room layouts and use of space. Also includes elevation views; wall sections; schedules for window, door and finishes; stair dimension and details, such as, riser height, tread width, guard/handrail height and headroom dimension. Include all information used for building height or size increases. Plans must be signed and sealed by the registered design professional responsible for this work.

STRUCTURAL: Typical floor and roof framing plans. The plan(s) shall include details of connections, size of members, materials to be used, allowable stresses and all the information required to erect the joists, beams, rafters, columns, or girders within the structure including calculations. A registered engineer must seal all structural plans.

FOUNDATION: Included on the dimensioned plan are the allowable soil bearing pressure, the depth of the foundation, and the proposed materials to construct the foundation.

FIRE PROTECTION: When required, the construction documents may include a submission for the automatic fire suppression system, the fire alarm system, the smoke control system, single/multiple station detectors, standpipes, fire department connections and fire extinguisher(s) size & location.

MECHANICAL: Location, size and listed/labeled information for all equipment and appliances that comprise parts of the buildings mechanical system. Ventilation and exhaust calculations, schedules, supply and exhaust ductwork, chimney termination, materials, and any other information required completing the buildings HVAC system. Plans must be signed and sealed by the registered design professional responsible for this work.

PLUMBING: Includes isometric riser diagrams for the potable water supply and the drain waste & vent systems with the location and materials specified for all the piping and fixtures within the plumbing system. Also details of special devices (backflow preventer, grease traps, etc.) shall be shown. Storm water drainage calculations and devices shall be included in the submission. Floor drains may not be connected to the public sewer system. A sample manhole is required in all commercial and industrial installations. Plans must be signed and sealed by the registered design professional responsible for this work.

ELECTRICAL: Construction documents shall be signed and sealed by the design professional, drawn to scale upon suitable material and shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that it will conform to the provisions of the electrical code and relevant laws, ordinances, rules and regulations, as determined by the code official. Plans must be signed and sealed by the registered design professional responsible for this work and approved Third party agency.

Construction documents shall indicate where penetrations will be made for electrical systems and shall indicate the materials and methods for maintaining required structural safety, fire-resistance rating and fireblocking. Electrical load calculation shall be prepared to determine if the existing electrical service has the capacity to serve the added load.
**TELE/DATA:** Construction documents shall be signed and sealed by the design professional, drawn to scale upon suitable material and shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that it will conform to the provisions of this code and relevant laws, ordinances, rules and regulations, as determined by the code official. **Plans must be signed and sealed by the registered design professional responsible for this work.**

Construction documents shall indicate where penetrations will be made for telecommunication systems and shall indicate the materials and methods for maintaining required structural safety, fire-resistance rating and fireblocking.

**USE & OCCUPANCY:** A change in Use or Occupancy of any commercial space requires the issuance of a Use and Occupancy permit from West Goshen Township.

For existing spaces undergoing a **change of tenant only** without any new work, an application with two sets of sealed drawings showing the layout of the space, emergency lighting and exit signs, locations of means of egress, occupancy loads and egress calculations are required.

Changes in Use and occupancy requiring construction or changes in the Use Group of the building shall be subject to all provisions of the applicable codes.

**ENERGY:** All plan submissions must include energy calculations, specifications and details based on the International Energy Code and using the Com-Check software program as applicable. Submission must include all calculations and checklists. The Program is free and downloadable from [http://www.energycodes.gov/comcheck/ez_download.stm](http://www.energycodes.gov/comcheck/ez_download.stm)

**NOTE:** See the PLAN SUBMISSION STANDARDS section for additional requirements.
2003 International Building Code. Code includes many sections that contain specific requirements for what should be included on the construction documents that are submitted with the application for permit. Building requirements are located but are not limited to the following chapters of the 2003 IBC:

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<tr>
<th>SECTION</th>
<th>SUBJECT MATTER</th>
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</thead>
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<tr>
<td>Chapter 3</td>
<td>Use &amp; Occupancy Classifications</td>
</tr>
<tr>
<td>Chapter 7</td>
<td>Fire-resistant Rated Construction</td>
</tr>
<tr>
<td>Chapter 9</td>
<td>Fire Protection Systems</td>
</tr>
<tr>
<td>Chapter 10</td>
<td>Means of Egress</td>
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<tr>
<td>Chapters 11 &amp; Appendix E</td>
<td>Accessibility</td>
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<tr>
<td>Chapter 12</td>
<td>Interior Environment</td>
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<tr>
<td>Chapter 14</td>
<td>Exterior Walls</td>
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<td>Chapter 15</td>
<td>Roofs Assemblies and Roof Top Structures</td>
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<tr>
<td>Chapter 16</td>
<td>Structural Design</td>
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<tr>
<td>Chapter 19</td>
<td>Concrete</td>
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<tr>
<td>Chapter 21</td>
<td>Masonry</td>
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<tr>
<td>Chapter 27</td>
<td>Electric Wiring, Equipment and Systems</td>
</tr>
<tr>
<td>Chapter 28</td>
<td>Mechanical Systems</td>
</tr>
<tr>
<td>Chapter 29</td>
<td>Plumbing Systems</td>
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<td>Chapter 31</td>
<td>Special Construction</td>
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<tr>
<td>Chapter 33</td>
<td>Safeguards During Construction</td>
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</table>

EXAMPLE: PLAN SUBMISSION STANDARDS

<table>
<thead>
<tr>
<th>Code Section (Ref.)</th>
<th>Description</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 7</td>
<td>Fire-resistant Materials and Construction</td>
<td>Type of Construction; fire-resistance ratings of structural elements and assemblies; materials and proposed methods for protection of joints and penetrations; fireblocking methods</td>
</tr>
</tbody>
</table>

DESIGN PROFESSIONAL

A seal will be required for all commercial construction. Additional, a seal may be required for any of the following construction activities:

- Structural changes to an existing building.
- Alterations to an existing building.
- Engineered masonry construction.
- Soils reports.
- Caisson/pile foundation designs.
- Truss drawings.
- Special Inspections Program.
- Pole signs.
- Roof mounted satellite dishes equal to or greater than some established diameter.
- Ground mounted satellite dishes equal to or greater than some established diameter.
- In ground swimming pools.
- Plans for water based Fire Suppression Systems.
### Table PS-1

**Building Plan Submission Standards (Not limited to the following)**

<table>
<thead>
<tr>
<th>Code Reference</th>
<th>Requirement Description</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 1</td>
<td>Sets Of Building Plans</td>
<td><strong>Provide Two (2) Sets Of Complete Building Plans:</strong> Sealed By Registered Professional Engineer Or Architect.</td>
</tr>
<tr>
<td>Chapter 1</td>
<td>Application Pre-Requisite</td>
<td>Submit Completed Permit Applications With All Pre-Requisite Approvals. All Fees are to be collected prior to receiving approved permit.</td>
</tr>
<tr>
<td>Chapter 3</td>
<td>Use Group(s)</td>
<td><strong>Indicate Use Group(s) On The Plans.</strong> If Multiple Uses, Indicate Location Of Each Use Group On The Floor Plans.</td>
</tr>
<tr>
<td>Chapter 5</td>
<td>Height and Area Limitations</td>
<td>Indicate Gross Floor Area Of Each Floor And Total Gross Floor Area Of Each Building; Allowable Floor Area including Area Modifications; Unlimited Area Provisions and Mezzanines. Show Height Above Grade In Feet And Number Of Stories, Allowable Height Including Modifications.</td>
</tr>
<tr>
<td>1004.0</td>
<td>Occupant Load</td>
<td>Show Occupancy Calculations Of Each Space and/or room.</td>
</tr>
<tr>
<td>Chapter 10</td>
<td>Means Of Egress</td>
<td><strong>Show Arrangement Of Egress:</strong> Provide Capacity Calculations Indicating Required And Provided Widths Of Components. Show Maximum Travel and Dead End Distances. Provide Door &amp; Hardware Schedule. <strong>Show Stair Details:</strong> Tread And Riser Dimensions; Handrail And Guard Details; Landing Dimensions; Door Swings; And Encroachments.</td>
</tr>
<tr>
<td>Chapter 11</td>
<td>Accessibility</td>
<td>Scoping Requirements, accessible routes, accessible entrances, special occupancies.</td>
</tr>
<tr>
<td>Chapter 14</td>
<td>Exterior Walls</td>
<td>Description of the exterior wall envelope indicating compliance; Flashing details; Details relating to intersections with dissimilar materials, corners, ends details, control joints, intersections at roof, eaves, or parapets, means of drainage, water-resistant membrane and details around openings.</td>
</tr>
<tr>
<td>Chapter 12</td>
<td>Interior Environment</td>
<td><strong>Room Schedule To Include:</strong> Ventilation, Lighting, Temperature control, Interior room dimensions.</td>
</tr>
<tr>
<td>Chapter 7</td>
<td>Fire Resistive Construction</td>
<td><strong>Provide Design Numbers And Approved Testing Agency For All Components:</strong> Structural Members; Exterior Walls; Floor/Ceiling And Roof/Ceiling Assemblies; FireWalls; Fire Separation Assemblies, And Fire Partitions, Fire Blocking. <strong>Show The Type AndLocation Of Protection Provided For Openings In The Following Areas:</strong> Exterior Openings; Horizontal Protection; Fire Walls; Fire Separation Assemblies; Fire Partitions; Smoke Barriers; Floor Openings and Shaft Enclosure Walls. <strong>Show The Type, Location And Degree Of Protection Provided:</strong> Fire Door Assemblies; Fire Windows &amp; Shutters; Fire Dampers; And Wired Glass.</td>
</tr>
<tr>
<td>Chapter 8</td>
<td>Interior Finish</td>
<td><strong>Provide The Flame Spread Parameters Of Interior Finishes:</strong> General: Wall And Ceiling Finishes; And Floor Finishes.</td>
</tr>
</tbody>
</table>

### Table PS-2

**Structural Plan Submission Standards**

<table>
<thead>
<tr>
<th>Code Reference</th>
<th>Requirement Description</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1603</td>
<td>Constructions Documents</td>
<td>Provide Fully Dimensioned Plans Containing All The Information Required Defining The Structural Members Proposed In The Design Of The Structure.</td>
</tr>
<tr>
<td>Chapter 16</td>
<td>Design Calculations</td>
<td>Two (2) Copies Of The Calculations Sealed By A Registered Design Professional Shall Be Submitted With All Building Permit Applications For New Construction And Other Structural Work. Calculations Shall Include All Design Factors Listed In Chapter 16 That Contribute To The Calculations Of The Loads Applied To The Design Of The Structure.</td>
</tr>
<tr>
<td>Code Reference</td>
<td>Requirement Description</td>
<td>Remarks</td>
</tr>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Reference</th>
<th>Requirement Description</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>106.3.1</td>
<td>Plans</td>
<td>Provide Two (2) Copies Of Sealed Mechanical Plans, engineering calculations, materials, diagrams and other data including manufacturers specifications. Plans must be to scale and show location of all penetrations for the mechanical system and associated piping. Fire stopping and structural protection.</td>
</tr>
<tr>
<td>Chapter 3</td>
<td>General Regulations</td>
<td>Equipment and locations, Installation, Piping support, condensate disposal, access and service space and heating and cooling load calculations.</td>
</tr>
<tr>
<td>Chapter 5</td>
<td>Exhaust systems</td>
<td>Clothes dryers, Domestic and commercial kitchen hoods, commercial kitchen makeup air, fire suppression systems.</td>
</tr>
<tr>
<td>Chapter 8</td>
<td>Chimneys and Vents</td>
<td>Provide The Location, Material, Termination Height And Clearance To Combustibles For Chimneys Shown On The Plans.</td>
</tr>
</tbody>
</table>
DEMOlITION OF STRUCTURES

THE CONTRACTOR OR OWNER IS RESPONSIBLE TO COMPLY WITH THE DEP ASBESTOS REMOVAL PROGRAM. THE FORMS AND INSTRUCTIONS ARE LOCATED AT http://www.dep.state.pa.us/dep/deputate/AIRWASTE/AQ/asbestos/docs/2700_fm_aq0021_inst.doc

An extermination letter must accompany any application for demolition as well as a site plan showing the properties to be demolished. All Demolition work must comply with Chapter 33 of the IBC 2006, including but not limited to:

3303.1 Construction documents.
Construction documents and a schedule for demolition must be submitted. No work shall be done until such construction documents or schedule, or both, are approved.

3303.2 Pedestrian protection.
The work of demolishing any building shall not be commenced until pedestrian protection is in place as required by this chapter.

3303.4 Vacant Lot.
Where a structure has been demolished or removed, the vacant lot shall be filled and maintained to the existing grade or in accordance with the ordinances of the jurisdiction having authority.

3303.5 Water accumulation.
Provisions shall be made to prevent the accumulation of water or damage to any foundation on the premises or the adjoining property.

3303.6 Utility connections:
Before a structure is demolished or removed, the owner or agent shall notify all utilities having service connections within the structure such as water, electric, gas, sewer and other connections.

A permit to demolish or remove a structure shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner.

3306.9 Adjacent to excavations
Every demolition and/or excavation shall be enclosed with a barrier not less than 6 feet high. Barriers shall be of adequate strength to resist wind pressure as specified in Chapter 16.

PROTECTION OF ADJOINING PROPERTY

3307.1 Protection required.
Adjoining public and private property shall be protected from damage during construction, remodeling and demolition work. Protection must be provided for footings, foundations, party walls, chimneys, skylights and roofs. Provisions shall be made to control water runoff and erosion during construction or demolition activities.

Pedestrian protection must be inspected before demolition commences.
Structural Design Information

The applicable building code is the **International Building Code, 2003**.

A. **Snow Loads**
   ♦ The ground snow load, \( P_g = 30 \) PSF. (Figure 1608.2(2)).
   ♦ The snow exposure factor, Terrain Category B: \( C_e = 0.9 \) (Table 1608.3.1).
   ♦ The snow importance factor, (Table 1604.5).
   ♦ Based on local practice, design roof snow load of 30 PSF plus drift.

B. **Wind Loads**
   ♦ The wind velocity = 90 MPH (Figure 1609).
   ♦ The wind importance factor, (Table 1604.5).
   ♦ The wind exposure factor = B (Section 1609.4 #1).

C. **Seismic Requirements**

Determined from the following code sections
   ♦ Sections 1614-1623

Above information is provided as a courtesy and is not a substitute for engineering calculations.
Commercial Inspection Requirements
West Goshen Township Code Enforcement Department

1. A minimum of **48 hours notice** shall be provided to the Building Inspector for the purpose of scheduling inspections.

2. Required inspections shall be as follows:
   a. Footings, walls and slabs prior to placement of concrete. Concrete is not to be released until the inspection is completed and approved. An ACI certified technician must be on site for all concrete pours and conduct testing.
   b. Foundation backfill. Backfill may not be completed until deck is installed or adequate bracing is installed.
   c. **ELECTRICAL, SERVICE, ROUGH WIRING AND FINAL:** performed by an approved third party inspection agency. (List attached)
   d. Plumbing Inspection, rough and final.
   e. Framing of all walls, prior to concealment after all other trades have installed their material and passed their required inspections.
   f. Insulation.
   g. Fire stopping and wallboard inspection.
   h. Health Department, (if applicable)
   i. Fire protection inspection, (if applicable)
   j. Final Inspection/Use and Occupancy Inspection. This inspection must be completed prior to the occupancy of the building. All other final inspections must be completed prior to scheduling this inspection.

   West Goshen Township may require other inspections as deemed necessary in the field.

   * Note: Merchandising may be permitted with approval of the Building Inspector, but only after all Life Safety equipment has been tested and approved.

3. Special inspections shall be required for the following items:
   a. Soils
   b. Concrete Construction, including footings and slab placement, mix and proper strength (All cylinders and tests must be done by the testing agency’s personnel)
   c. Masonry
   d. Steel
   e. Welding
   f. E.I.F.S. (if applicable)
   g. Fire Proofing Material

   Above inspections shall be conducted by an approved inspection agency.

4. Report requirement:

   Special inspectors shall keep records of all inspections. The special inspector shall furnish inspection reports to the code official on a daily basis, and to the registered design professional in responsible charge. All discrepancies shall be brought to the immediate attention of the contractor for correction and noted on the daily report. If the discrepancies are not corrected, the discrepancies shall be brought to the attention of the code official and to the registered design professional in responsible charge prior to the completion of that phase of the work.

   A final report of inspections documenting completion of all required special inspections and correction of any discrepancies noted in the inspections shall be submitted prior to the issuance of a certificate of occupancy. Interim reports shall be submitted periodically at a frequency agreed upon by the permit applicant and the code official prior to the start of work.

   All work shall be conducted in a professional and workmanlike manner consistent with all West Goshen Township Codes, as well as Pennsylvania and Federal Regulations.
Applications are available online at www.westgoshen.org under “Forms” or related services. To find the Code of Ordinances, go to “Links” on the homepage, then “Township Code Online”.

II. Commercial, Retail, Office, Multi-Unit Dwelling Building Permits

Surcharge: There is a $4.50 State Mandated Fee attached to each permit. Submit contract or estimate with permit application. *Calculated at 1% of the actual cost of construction, with a minimum fee. A fee with no established minimum depicts a flat fee.*

1. New Construction– Multi-Unit dwellings (not including townhouses); buildings for commercial, retail, office, institutional or professional uses (but excluding professional office that is part of the practitioner’s own residence). $350 Minimum

2. Alterations, Additions, and Accessories
   Soil & Erosion Permits are required for stormwater quality control on additions more than 10% of total site area, or more than 2000 sq. ft. of additional impervious cover. $350 Minimum

3. New & Replacement
   Plumbing, HVAC, Alarms, Sprinklers, and any permanent systems $200 Minimum

4. Electrical
   *Inspections are performed by an approved third party agency.* $50

5. Re-Roofing (Structural Changes) $350 Minimum

6. Re-Roofing (Non-Structural) $350

7. Temporary Trailers, Tents, and Buildings (limited to 6 months) $150

8. Flagpoles $350 Minimum

9. Fence – *Permit required only if fence exceeds 6 ft. in height* $350


11. Antennae - Collocating on Existing Structure (fee based per antennae) $150

12. Satellite Dish or similar structure $150

13. Demolition (fee based per structure) $150

14. Use & Occupancy
    New Construction $150
    Existing Commercial Building- Change of Use/Tenant $75

15. Signs
    Free standing signs over 6 feet $50
    $350 Minimum

16. Re-Inspections (any inspection beyond 2) $75
    If in the opinion of the Building Official, the construction for which an inspection has been requested is not ready for the inspection (beyond 2), such that the inspector has to reschedule the inspection, an additional fee shall be paid to the Township prior to the reinspection.

17. Code Violations
    Starting construction without proper permits Permit fee is doubled
Applications are available online at [www.westgoshen.org](http://www.westgoshen.org) under “Forms” or related services. To find the Code of Ordinances, go to “Links” on the homepage, then “Township Code Online”.

### III. Special Permits/Fees*

#### A. Road-Opening

1. Utility Application Fee $50
2. General Permit Inspection Fee

   a. Surface Openings – These fees are calculated on the total linear feet of the opening being permitted within different areas of the right-of-way. Total linear feet of opening each 100 foot increment or fraction thereof.

   1. Opening in pavement $40
   2. Opening in shoulder $20
   3. Opening outside pavement and shoulder $10

   If a longitudinal opening simultaneously occupied two or more highway areas identified in subparagraph (a), only the higher fee will be charged. Linear distances shall be measured to the nearest foot.

   b. Surface opening of less than 36 square feet (e.g., service connections performed independently of underground facility installation, pipe line repairs, each opening).

   1. Opening in pavement $30
   2. Opening in shoulder $15
   3. Opening outside pavement and shoulder $10

   If an opening simultaneously occupies two or more highway areas identified in subparagraphs (1-3), only the higher fee will be charged.

   c. Above-ground facilities (e.g., poles, guys and or anchors if installed independently of poles).

   1. Up to 10 physically connected above-ground facilities (each continuous group) $20
   2. Additional above-ground physically connected facilities (each pole with appurtenances) $2

#### B. Sewer Construction Permits (Call Sewer Treatment Plant at (610) 696-0900 to confirm fee).

1. Connection
   a. New Residential $200
   b. Existing Dwelling Residential $200
   c. Commercial/Industrial $200

2. Tapping Fee
   a. New & Existing Residential $3,871
   b. New Commercial/Industrial (per 1 EDU= 241.2 gallons) $3,871

#### C. On-Site Septic Pumping

1. Administrative Fee $20
To alter, erect or use a structure, to use land in accordance with the Zoning Ordinance, Building Code, and all other pertinent ordinances of West Goshen Township, Chester County, Pennsylvania

Application for a permit to perform or construct (GIVE COMPLETE description of work being done):


THIS SECTION MUST BE ANSWERED: INTENDED USE OF BUILDING: ______________________ COST OF CONST $ __________

Site Address: ___________________________________________ Tax Parcel # 52 -

Lot # ______ Subdivision/Land Development: ___________________________ Phase: ________ Section: ________

Zoning District: ______________________ Proposed Start Date: ________________ Square Footage: _____________________

Is your property a corner lot? □ YES □ NO

Owner: ___________________________________________ Phone: ___________________ Fax: ___________________

Mailing Address: ___________________________________________________________________ Cell: ___________________

Contractor: _________________________________________ Phone: ___________________ Fax: ___________________

Mailing Address: ___________________________________________________________________ Cell: ___________________

Architect/Engineer: ___________________________________________ Phone: ___________________ Fax: ___________________

Mailing Address: ___________________________________________________________________ Cell: ___________________

Occupancy Type: (check one) □ Residential □ Office/Business □ Mercantile □ Assembly □ Utility □ Industrial/Factory □ Educational □ Institutional □ Storage □ High Hazard

Type of Work: □ New Building □ Alteration □ Addition □ Repair □ Demolition □ Change in use □ Roof □ Other ______

New buildings and additions that are more than 10% of the total site area, or are more than 2000 sq. ft. of additional impervious cover require a Soil and Erosion Permit for stormwater quantity control.

□ Shed – Size ______ sq. ft. Height ________ ft. Residential only - Maximum 225 sq. ft. no higher than 10 ft.

□ Pool – (Circle One) In-Ground Above-Ground – Size ________ sq. ft. Max Depth ________ ft. Disturbing six inches or more of earth requires a Soil and Erosion Permit.

** Pool barrier requirements and electrical inspection must be approved before pool is used **

□ Sign – (Circle One) Freestanding Wall Roof Window

Size ________ Height ________ Area ________

Set Back, Right of Way ________ Right Side ________ Left Side ________

Building/Site Characteristics:

Number of residential Dwelling Units: ________ Existing, ________ Proposed

Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc.) __________________

Water Service: (Check) □ Public □ Private

Sewer Service: (Check) □ Public □ Private (Septic Permit # __________________________ )
Does or will your building contain any of the following:

Fireplace(s): Number ______________ Type of Fuel ______________ Type of Vent ______________

Elevator/Escalators/Lifts/Moving walks: (Check) ☐ YES ☐ NO

Sprinkler System: ☐ YES ☐ NO

Pressure Vessels: ☐ YES ☐ NO

Refrigeration Systems: ☐ YES ☐ NO

Building/Lot Dimensions:

Existing Building Area: _________________ sq. ft. Number of Stories: _________________

Proposed Building Area: _________________ sq. ft. Height of Structure Above Grade: _________________ sq. ft.

Total Building Area: _________________ sq. ft. Area of the Largest Floor: _________________ sq. ft.

Total Impervious Area: _________________ sq. ft. Total Lot Area: _________________ sq. ft.

Percentage of Total Building area on Lot: _________________ %

Percentage of Total Impervious Area on Lot: _________________ %

I certify that all information on this application is correct and the work will be completed in accordance with the “approved” construction documents and PA Act 45 (Uniformed Construction Code) and any additional applicable codes, ordinances and regulation of West Goshen Township. I understand issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of West Goshen Township or any other governing body. I certify that the code administrator or the code administrator’s authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Applicant’s Name__________________________________________________ Phone #__________________________

Signature of Owner or Authorized Agent: ______________________________ Print Name of Owner or Authorized Agent: ______________________________

Signature of Contractor: _____________________________________________ Contractor Print Name: _____________________________

Building Code Official Date __________________ Zoning Officer Date __________________

Is this property in a flood plain? Yes ☐ No ☐ (To be filled out by office)
**ELECTRICAL PERMIT APPLICATION**

To alter, erect or use a structure, to use land in accordance with the Zoning Ordinance, Building Code, and all other pertinent ordinances of West Goshen Township, Chester County, Pennsylvania

<table>
<thead>
<tr>
<th>Township use only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit #:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Fee:</td>
</tr>
</tbody>
</table>

Application for a permit to perform or install (give description of work being done):

<table>
<thead>
<tr>
<th>Site Address:</th>
<th>Tax Parcel #: 52 -</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Lot #</th>
<th>Subdivision/Land Development:</th>
<th>Phase:</th>
<th>Section:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Zoning District:</th>
<th>Proposed Start Date:</th>
<th>Cost of Electrical Construction: $</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Owner:</th>
<th>Phone:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>Cell:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Contractor:</th>
<th>Phone:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>Cell:</th>
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<table>
<thead>
<tr>
<th>Architect/Engineer:</th>
<th>Phone:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>Cell:</th>
</tr>
</thead>
</table>

**Plans are required unless previously submitted with General Building Permit.**

**Occupancy Type:** (check one)  
- Residential  
- Office/Business  
- Mercantile  
- Assembly  
- Utility  
- Industrial/Factory  
- Educational  
- Institutional  
- Storage  
- High Hazard

**Type of Work:**  
- New Building  
- Alteration  
- Addition  
- Repair  
- Upgrade  
- Change in use  
- Tele/Data

<table>
<thead>
<tr>
<th>Service size:</th>
<th>AMP</th>
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</table>

<table>
<thead>
<tr>
<th>Inspection Agency:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Number of Fixtures:</th>
<th>Switches:</th>
<th>Smoke Detectors:</th>
<th>Lighting:</th>
<th>Receptacles:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Tele/Data Boxes:</th>
<th>Total Number of Fixtures:</th>
</tr>
</thead>
</table>

I certify that all information on this application is correct and the work will be completed in accordance with the “approved” construction documents and PA Act 45 (Uniformed Construction Code) and any additional applicable codes, ordinances and regulation of West Goshen Township. I understand issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of West Goshen Township or any other governing body. I certify that the code administrator or the code administrator’s authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

<table>
<thead>
<tr>
<th>Applicant’s Name:</th>
<th>Phone @:</th>
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<table>
<thead>
<tr>
<th>Signature of Owner or Authorized Agent:</th>
<th>Print Name of Owner or Authorized Agent:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Contractor:</th>
<th>Contractor Print Name:</th>
</tr>
</thead>
</table>

**Permit Denied:**  
Date: Date Returned:

Reason Denied:

**Permit Approved:**  
Date:  
<table>
<thead>
<tr>
<th>Building Code Official:</th>
<th>Date:</th>
</tr>
</thead>
</table>
MECHANICAL/HVAC PERMIT APPLICATION

Application for a permit to perform or install (give description of work being done):

________________________________________________________________________________________________________________________________________________________

Site Address: ___________________________________________________________ Tax Parcel # 52 -

Lot # _______ Subdivision/Land Development: ___________________________ Phase: _______ Section: ___________

Zoning District: ______________ Proposed Start Date: _______________ Cost of Mechanical Construction: $_____________________________

Owner: ___________________________________________ Phone: ________________________ Fax: ________________________

Mailing Address: _____________________________________________________________________________ Cell: _______________________

Contractor: ___________________________________________ Phone: ________________________ Fax: ________________________

Mailing Address: _____________________________________________________________________________ Cell: _______________________

Architect/Engineer: ___________________________________________ Phone: ________________________ Fax: ________________________

Mailing Address: _____________________________________________________________________________ Cell: _______________________

Plans are required unless previously submitted with General Building Permit.

Occupancy Type: (check one) □ Residential □ Office/Business □ Mercantile □ Assembly □ Utility □ Industrial/Factory □ Educatioinal □ Institutional □ Storage □ High Hazard

Type of Work: □ New Building □ Alteration □ Addition □ Repair □ Upgrade □ Change in use

Fuel Source: Electric: _______________ Natural Gas: _______________ Propane: _______________ Oil: _______________

I certify that all information on this application is correct and the work will be completed in accordance with the “approved” construction documents and PA Act 45 (Uniformed Construction Code) and any additional applicable codes, ordinances and regulation of West Goshen Township. I understand issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of West Goshen Township or any other governing body. I certify that the code administrator or the code administrator’s authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Applicant’s Name__________________________________________________ Phone #___________________________

Signature of Owner or Authorized Agent: ___________________________ Print Name of Owner or Authorized Agent: ___________________________

Signature of Contractor: ___________________________ Contractor Print Name: ___________________________

Permit Denied: Date _______________ Date Returned _______________

Reason Denied: ______________________________________________________________________________________________

Permit Approved: Date ___________________________ Building Code Official ___________________________ Date ___________________________
PLUMBING PERMIT APPLICATION

Application for a permit to perform or install (give description of work being done):

Site Address: __________________________________________________________
Tax Parcel # 52 - Lot # _________
Lot # _________ Subdivision/Land Development: ____________________________ Proposed Start Date: ___________________
Zoning District: ___________________ Cost of Plumbing Construction: $ __________________

Owner: ___________________________________________________________ Phone: ___________________ Fax: ___________________
Mailing Address: ____________________________________________________ Cell: ___________________
Contractor: ________________________________________________________ Phone: ___________________ Fax: ___________________
Mailing Address: ____________________________________________________ Cell: ___________________
Architect/Engineer: __________________________________________________ Phone: ___________________ Fax: ___________________
Mailing Address: ____________________________________________________ Cell: ___________________

Plans are required unless previously submitted with General Building Permit.

Occupancy Type: (check one)  _______ Residential  _______ Office/Business  _______ Mercantile  _______ Assembly  _______ Utility  _______ Industrial/Factory
_______ Educational  _______ Institutional  _______ Storage  _______ High Hazard

Type of Work:  _______ New Building  _______ Alteration  _______ Addition  _______ Repair  _______ Upgrade  _______ Change in use

<table>
<thead>
<tr>
<th>TYPE</th>
<th>NUMBER</th>
<th>TYPE</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stacks</td>
<td></td>
<td>Fountains (drinking)</td>
<td></td>
</tr>
<tr>
<td>Sinks</td>
<td></td>
<td>Sump</td>
<td></td>
</tr>
<tr>
<td>Baths</td>
<td></td>
<td>Shower</td>
<td></td>
</tr>
<tr>
<td>Water Closets</td>
<td></td>
<td>Urinal</td>
<td></td>
</tr>
<tr>
<td>Lavatory</td>
<td></td>
<td>Dishwashing Machine</td>
<td></td>
</tr>
<tr>
<td>Tank and Heater</td>
<td></td>
<td>Humidifier</td>
<td></td>
</tr>
<tr>
<td>Laundry Tray</td>
<td></td>
<td>Garbage Grinder</td>
<td></td>
</tr>
<tr>
<td>Water Distribution System</td>
<td>Washing Machine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor Drains</td>
<td></td>
<td>Special Waste</td>
<td></td>
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<tr>
<td>Sewage Ejector</td>
<td></td>
<td>Rainwater Leaders</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous fixtures</td>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FLOOR DRAINS MAY NOT BE CONNECTED TO THE PUBLIC SEWER SYSTEM
A SAMPLE MANHOLE IS REQUIRED IN ALL COMMERCIAL AND INDUSTRIAL INSTALLATIONS.

I certify that all information on this application is correct and the work will be completed in accordance with the “approved” construction documents and PA Act 45 (Uniformed Construction Code) and any additional applicable codes, ordinances and regulation of West Goshen Township. I understand issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of West Goshen Township or any other governing body. I certify that the code administrator or the code administrator’s authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Applicant’s Name___________________________________________________ Phone #:______________________________
Signature of Owner or Authorized Agent: ____________________________ Print Name of Owner or Authorized Agent: ____________________________
Signature of Contractor: ____________________________ Contractor Print Name: ____________________________

Permit Denied: Date _______________ Date Returned _______________
Reason Denied: ___________________________________________________________________________________

Permit Approved: Date _______________ Building Code Official ____________________________ Date _______________
To alter, erect or use a structure, to use land in accordance with the Zoning Ordinance, Building Code, and all other pertinent ordinances of West Goshen Township, Chester County, Pennsylvania

Application for a permit to install/erect/alter:
- Sprinkler System
- Fire Alarm
- CO2
- Kitchen Hood
- Dry Chemical
- Clean Agent
- Standpipe
- Paint Booth
- Tent
- Foam
- Halon
- Smoke Control

Application for a permit to perform or install (give description of work being done):

Site Address: _____________________________________________ Tax Parcel #: 52 -

Sq. Ft. of work area: ______________ Proposed Start Date: ______________ Cost of Construction: $______________

Owner: ___________________________________________ Phone: __________________ Fax: __________________

Mailing Address: _____________________________________

Contractor: __________________________________________ Phone: __________________ Fax: __________________

Mailing Address: _____________________________________

Architect/Engineer: ____________________________________ Phone: __________________ Fax: __________________

Mailing Address: _____________________________________

Occupancy Type: (check one)
- Residential
- Office/Business
- Mercantile
- Assembly
- Utility
- Industrial/Factory
- Educational
- Institutional
- Storage
- High Hazard

Sprinklers: Type of System (circle) Wet Dry Pre-Action Deluge Limited Area

Type of Work (circle) New Relocate Modify

Number of Heads: ____________ System Demand: ____________ Standpipe(s): ____________

Hydraulically Calculated: ____________ Pipe Schedule: ____________

Fire Alarm: Monitored (circle) Yes No

Monitoring Company: ___________________________ Phone Number: ___________________________

Number of Audible/Visual Devices: ____________ Number of Pull Stations: ____________

Number of Smoke Detectors: ____________ Number of Heat Detectors: ____________

I certify that all information on this application is correct and the work will be completed in accordance with the “approved” construction documents and PA Act 45 (Uniformed Construction Code) and any additional applicable codes, ordinances and regulation of West Goshen Township. I understand issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of West Goshen Township or any other governing body. I certify that the code administrator or the code administrator’s authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Applicant’s Name: ___________________________ Phone #: __________________

Signature of Owner or Authorized Agent: ___________________________ Print Name of Owner or Authorized Agent: ___________________________

Signature of Contractor: ___________________________ Contractor Print Name: ___________________________

Permit Denied: Date: ____________ Reason Denied: ___________________________

Permit Approved: Date: ____________

Fire Code Official Date: ___________________________ Zoning Officer (For tents only) Date: ___________________________
WEST GOSHEN TOWNSHIP

Application for Use & Occupancy Permit
1025 PAOLI PIKE WEST CHESTER, PA 19380-6199
PHONE (610)-696-5266 FAX (610)-429-0616

Please print legibly.

Property Information

Property Address: ____________________________ Tax Parcel No.: ____________________________
Zoning District: ____________________________
Owner Information
Owner Name: ____________________________
Address: ____________________________
Phone Number: ____________________________
Applicant Information
Applicant Name: ____________________________
Home Address: ____________________________
Phone Number: ____________________________

Section A: Residential (Fee: New Construction - $100, Additions/Alterations - $50)
Subdivision/Development Name: ____________________________
Lot No.: _________ Settlement Date: ____________________________
Name of New Owner: ____________________________ Phone#

Section B: Commercial/Industrial/Medical Service/Office Park
(Fee: New Construction - $150, Existing Building/Change of Use/Tenant - $75)
*Name of owner of Property: ____________________________ Phone #
*Name of New Tenant: ____________________________ Phone#

Must submit a condo/lease line plan from an approved subdivision/land development.

If owner cannot provide, submit a plan showing lease lines, existing uses per unit, parking, and square footage.

Sq. Ft. of building or portion being used: ________________ No. Parking Spaces Provided: ________________
Describe Current Use: ____________________________
Describe Proposed Use: ____________________________
Retail Sales: ☐ Yes ☐ No Are Sprinklers Installed? ☐ Yes ☐ No
Will change require additional alterations, renovations, or fit out? ☐ Yes ☐ No
If yes, please file appropriate permit applications.

Settlement or Lease Date: ____________________________

FOR OFFICE USE ONLY:
Zoning Use Approved: ☐ Yes ☐ No Comments: ____________________________
Zoning Officer Initials: ____________________________
Use & Occupancy in accordance with Chapter 3 IBC Codes: ____________________________
Type of Construction as defined in Chapter 6 of IBC Code: ____________________________
Design Occupancy Load per table 1004.12 IBC Code: ____________________________
Electrical Inspection Agency: ____________________________ Date: ____________________________
Building Official or Fire Marshal Initials: ____________________________
Associated Permits:
Building #: ____________________________ Plumbing #: ____________________________ Sewer Connection #: ____________________________
Electrical #: ____________________________ HVAC #: ____________________________ Zoning #: ____________________________
Fire Protection #: ____________________________ Other #: ____________________________
Dear Business Manager,

The West Goshen Township Police Department requests your assistance by completing the form below. Please provide this information and return to the West Goshen Police Department, attn: Emergency contacts, or return with your permit application. By providing this information, you will be assisting the police in the event of an emergency, and enabling the department to contact the responsible business personnel when needed in a timely manner.

The officers will use this information, when situations occur or are noticed while on patrol. This information will be requested on a regular basis so that our records reflect accurate and current information. You may also find this on the West Goshen website, under forms at the bottom of the page. Your cooperation is appreciated, and will help ensure timely communication to you, the business manager.

West Goshen Township Police Department Emergency Notification Information Form

Business Name: ______________________________ Business phone #: __________________

Address: ______________________________ Suite # or Unit #: __________________

Persons to be notified in the event of an afterhour's emergency. Please name someone locally who would have key access.

Contact #1: ___________________________ Contact #3: ___________________________

Cell phone: ___________________________ Cell phone: ___________________________

Home phone: __________________________ Home phone: __________________________

Contact #2: ___________________________ Contact #4: ___________________________

Cell phone: ___________________________ Cell phone: ___________________________

Home phone: __________________________ Home phone: __________________________

If your business has a security system, please check all that apply:

[ ] Intrusion [ ] Audible, No Alarm Provider

[ ] Fire [ ] Silent, Directly to Alarm Provider

Please remember when supplying your alarm provider with your business address to provide the correct township –West Goshen.
WORKERS’ COMPENSATION INSURANCE COVERAGE INFORMATION
(attach to building permit application)

A. The Applicant is

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

☐ YES  ☐ NO

If the answer is “yes”, complete Sections B and C below as appropriate.

B. 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.

☐ Certification attached

Policy Expiration Date

C. Exemption

Complete Section C 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 Pennsylvania’s Workers’ Compensation Law 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 permit unless contractor provides proof of insurance to the township.

☐ Religious exemption under the Workers’ Compensation Law.

Subscribed and sworn to before me this

_______ day of _______  20___

(Signature of Notary Public)

My commission expires: ______________

(Seal)

Signature of Applicant

Address

County of

Municipality of
The Workers’ Compensation Reform Act was signed into law as Act 44 of 1993 by Acting Governor Mark Single on July 2. The new law takes effect on August 31.

Included in the act is a provision that requires all municipalities that issue building permits to require proof of workers' compensation insurance prior to issuing a building permit to a contractor or to require an affidavit stating that the contractor does not employ other individuals, and therefore, is not required to carry workers' compensation insurance. An affidavit, by statutory definition, must be notarized.

The Building Permit

Under the act, each municipality must modify its building permit to include the name of the contractor, workers' compensation policy number, the name of the insurance company, and the contractor's federal or state employer identification number (EIN), in addition to any information required by the municipality in its ordinance. If the contractor signs an affidavit stating that he has no employees and is not required to carry workers' compensation insurance, the building permit must then state the contractor's federal or state employer identification number and a notation that the contractor has no other employees and does not carry workers' compensation insurance and that the contractor is not permitted to employ any individuals to perform work under the building permit.

As proof of insurance, the township should require the contractor to supply either directly or through the contractor's insurer or agent a workers' compensation certificate, which includes the effective date of the coverage and the signature of the insurer. This certificate must be kept on file with the building permit.

A sample addendum to your building permit application is enclosed. A copy of this form or similar document could be attached as an addendum to your township's current building permit or the information incorporated into the form when the township prints a new building permit. This form is a sample only. Please be sure to consult your township solicitor for guidance in complying with this requirement of the law. The township is required to obtain all information on Part A of the form as part of the building permit. If a contractor is exempt from providing workers' compensation insurance coverage, the affidavit of exemption section (Part B) must be completed and notarized.

Applications By Non-Contractors

Act 44 does not address building permit applications for non-contractors. There is nothing in the act or in the court decisions that offers guidance to townships on issuing building permits to property owners who may or may not hire a contractor to perform some or all of the work. Under Act 44, the following seems to be clear:

- Property owner applicants are not "contractors" within the meaning of the Workers' Compensation Law.
- The language of the act requiring townships to obtain certificates of workers' compensation coverage refers only to "contractors".

We conclude, therefore, that townships are not required to obtain such certification from a property owner as a pre-condition to issuing a building permit.

*May a township require such certification from a non-contractor property owner?* Without this law, townships' power to inquire into or enforce the workers' compensation obligations of private parties is highly doubtful. Act 44 establishes a responsibility for contractors only. Therefore, requiring workers' compensation coverage by non-contractor applicants would be an intrusion by the township into an area where it has no legal authority.

It is our conclusion that workers' compensation coverage certification may not required of non-contractor applicants. We recognize that this interpretation makes the implementation of an already burdensome law even more awkward for
townships. Further, in the absence of legislative or judicial clarification, this law is susceptible to divergent interpretations. You should consult with your Township Solicitor before taking action.

Expiration or Cancellation Of Insurance

Contractors must notify their workers' compensation insurer of each municipality in which they will be seeking building permits as a workers' compensation policy certificate holder. Insurers issuing policies that name of municipality as a certificate holder must notify that municipality of the expiration or cancellation of any such policy of insurance within three working days of the date of expiration or cancellation. Upon the receipt of such notification from the insurer, the township must issue a stop-work order to a contractor who is performing the work.

Also, if a township receives actual notice that a building permittee who has filed an affidavit of exemption from workers' compensation insurance has hired employees to perform work under the building permit and has not obtained the required insurance, the township must issue a stop-work order. The stop work order shall stay in effect until proper workers' compensation coverage is obtained for all work performed under the building permit and the township receives proper documentation of such coverage.

Contractors Working For A Township

Under Act 44 and Section 805 of the township Code, the same provisions that apply to contractors seeking building permits apply to any contractor performing work for a public body or municipality. All contractors and subcontractors must provide proof of workers' compensation insurance to the township effective for the duration of the contract. Upon receiving notice that the contractor's workers' compensation insurance has expired or been canceled or that the affidavit of exemption is not longer accurate, the township shall declare the contract to be null and void.

Liability For Enforcement

All responsibility for notifying the township of the expiration or cancellation of a contractor's workers' compensation insurance rests with the contractor and his insurance carrier. The law specifically states that there is no municipality liability for the enforcement of this provision.

The term "proof of insurance" means a certificate of insurance or self-insurance demonstrating current coverage and compliance with the requirements of this act. Proof of insurance is not required if:

- The contractor qualifies for an exemption for religious reasons (such as the Amish) under the Workers' Compensation Act.
- The language of the act requiring townships to obtain certificates of workers' compensation coverage refers only to "contractors".

We conclude therefore, that townships are not required to obtain such certification from a property owner as a pre-condition to issuing a building permit.
Date: ___________________

I (We) hereby make application for an Operational Permit in accordance with Section 105.6 of the International Fire Code

Building Owner: ______________________________________________ Phone: _______________________ Fax: _________________________
Mailing Address: __________________________________________________________________ E-Mail: ________________________

Applicant: ___________________________________________________ Phone: _______________________ Fax: _________________________
Mailing Address: __________________________________________________________________ E-Mail: ________________________

Emergency Contacts:
Name:_______________________________   Phone: __________________________
Name: _______________________________   Phone: __________________________
Name: _______________________________   Phone: __________________________

Operational Type: (circle all that apply)

- Aerosol Products: 105.6.1
- Aviation Facilities: 105.6.3
- Battery Systems: 105.6.5
- Combustible Dust Producing Operations: 105.6.7
- Compressed Gases: 105.6.9
- Cryogenic Fluids: 105.6.11
- Dry Cleaning Plants: 105.6.13
- Explosives: 105.6.15
- Flammable and Combustible Liquids: 105.6.17
- Fruit and Crop Ripening: 105.6.19
- Hazardous Materials: 105.6.21
- High-piled Storage: 105.6.23
- Industrial ovens: 105.6.25
- Liquid-or gas-fueled vehicles or equipment in assembly buildings: 105.6.27
- Magnesium: 105.6.29
- Open Burning: 105.6.31
- Open flames and candles: 105.6.33
- Amusement Buildings: 105.6.2
- Carnival and Fairs: 105.6.4
- Cellulose Nitrate Film Storage: 105.6.6
- Combustible Fibers: 105.6.8
- Covered Malls: 105.6.10
- Cutting and Welding: 105.6.12
- Exhibits and Trade Shows: 105.6.14
- Fire Hydrant and Valves: 105.6.16
- Floor Finishing: 105.6.18
- Fumigation and Thermal Insecticide Fogging: 105.6.20
- HPM Facilities: 105.6.22
- Hot Work operations: 105.6.24
- Lumber yards and Woodworking plants: 105.6.26
- LP-Gas: 105.6.28
- Miscellaneous Combustible Storage: 105.6.30
- Open Flame and torches: 105.6.32
- Organic Coatings: 105.6.34
Operational Type: (circle all that apply)

Places of Assembly: 105.6.35  Private Fire Hydrants: 105.6.36
Pyrotechnic Special effects Material: 105.6.37  Pyroxylin Plastics: 105.6.38
Refrigeration Equipment: 105.6.39  Repair Garages and Motor fuel-dispensing facilities: 105.6.40
Rooftop Heliports: 105.6.41  Spraying or dipping: 105.6.42
Storage of scrap tires and tire byproducts: 105.6.43  Temporary Membrane Structures: 105.6.44
Tire Rebuilding Plants: 105.6.45  Waste handling: 105.6.46
Wood Products: 105.6.47

The applicant acknowledges his/her responsibility to be familiar with and comply with the requirements of all codes, as amended, and all ordinances and regulations of West Goshen Township, including but not limited to the Building Code, Plumbing Code, and Fire Code.

Applicant’s Signature: ________________________________
Print Name: ________________________________

Approved By

Fire Marshall: ________________________________  Date Reviewed: ________________________________
Expiration Date: ________________________________
TOWNSHIP OF WEST GOSHEN
1025 PAOLI PIKE
WEST CHESTER, PENNSYLVANIA 19380
PHONE: 610-696-5266
FAX: 610-429-0616

Approved Third Party Electrical Inspection Agencies

All Safe Electrical Inspections
311 Spruce St.
West Reading, PA 19611
610-396-9620

American Inspection Agency Inc.
342 Miller Road
Sinking Springs, PA 19608
610-678-4336

Atlantic Inland
A Bureau Veritas Company
857 Sussex Blvd.
Broomall, PA 19008
610-543-3925
877-392-9445

Code Inspections Inc.
409 S. Providence Rd.
Wallingford, PA 19086
610-565-0789
Fax 610-891-8966

Commonwealth Code Inspection Service
219 Long Lane
West Chester, PA 19380
610-692-6762
800-732-0043

Middle Atlantic Electrical Inspections, Inc.
302 E Pennsylvania Blvd.
Feasterville, PA 19053
800-352-3457

Middle Department Inspection Agency
1337 West Chester Pike
West Chester, PA 19382
610-696-3900

Municipal Inspection Corporation
215-673-4435

Penn State Inspection Agency
3106 Polly Drummond Office Park
Newark, DE 19711
Ph No 302-292-2000
Fax No 302-292-0900

Underwriter Inspection Service
PO Box 416
Royersford, PA 19468
610-495-2803

United Inspection Agency
35 Clayburgh Rd
Thornton, PA 19373
610-399-5094

KWIK Service Group, LLC
P.O. Box 159
Wagontown, PA 19376
484-947-7852

State Inspection Authority, Inc.
1797 Little Conestoga Road
Glenmore, PA 19343
215-852-6785

Barry Isett & Associates
1003 Egypt Rd
Phoenixville PA 19460
610-935-2175

All companies have inspectors in our area. Work inspected by other agencies shall not be accepted by West Goshen Township.
This statement must accompany permit applications for all construction for which special inspections and observations are required in section 1704 and 1709 of the *International Building Code 2006*.

**Project Name:**

**Project Address:**

**Owner:**

**Telephone:**

This is to certify that all the inspections and observations that I have checked on pages 2 and on page 3 of this statement are required for the project named above and will be performed by the designated individuals or firms. By signing this statement, I also acknowledge that:

- these inspections and observations must be performed by competent individuals in accordance with the requirements of the IBC Chapter 17 (as applicable) and that the construction work must comply with West Goshen Township-approved plans and specifications and all applicable provisions of the Uniform Construction Code;
- records of all required special inspections and testing observations (including any discrepancies and methods of correction of these discrepancies) will be retained and made available to West Goshen Township representatives, upon request; and,
- The Final Report section of this statement must be signed by me and a copy of this statement submitted to the Building inspector, at the time that the final inspection is performed and before a certificate of occupancy is issued.

Name of Design Professional in Responsible Charge

Signature of Design Professional in Responsible Charge

PA License Number          Date signed

PLEASE AFFIX SEAL IN SPACE TO THE LEFT.
### SPECIAL INSPECTIONS AND OBSERVATIONS STATEMENT

<table>
<thead>
<tr>
<th>CHECK EACH THAT APPLIES</th>
<th>TYPE OF SPECIAL INSPECTION OR OBSERVATION</th>
<th>NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION</th>
<th>CREDENTIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inspection of Fabricators</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Inspection of Steel Construction</td>
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<tr>
<td></td>
<td>Inspection of Concrete Construction</td>
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<td></td>
<td>Inspection of Masonry Construction</td>
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<tr>
<td></td>
<td>Inspection of Wood Construction</td>
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<tr>
<td></td>
<td>Inspection of Soil Conditions</td>
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<tr>
<td></td>
<td>Structural Observations</td>
<td></td>
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<tr>
<td></td>
<td>Inspection of Driven Deep Foundations</td>
<td></td>
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<tr>
<td></td>
<td>Inspection of Cast-in-Place Foundations</td>
<td></td>
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<tr>
<td></td>
<td>Inspection of Helical Pile Foundations</td>
<td></td>
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<td></td>
<td>Inspection of Vertical Masonry Foundation</td>
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<tr>
<td></td>
<td>Inspection of Sprayed Fire-Resistant Materials</td>
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<tr>
<td></td>
<td>Inspection of Mastic &amp; Intumescent Fire-Resistant Coatings</td>
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<td></td>
<td>Inspection of Smoke Control systems</td>
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<tr>
<td></td>
<td>Inspection of Exterior Insulation &amp; Finish System (EIFS)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SPECIAL INSPECTIONS AND OBSERVATIONS STATEMENT  (page 3)

**Required Special Inspections or Observations:**

<table>
<thead>
<tr>
<th>Inspection of Fabricators</th>
<th>Inspection of Cast-in-Place Deep Foundations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspection of Steel Construction</td>
<td>Inspection of Helical Pile Foundations</td>
</tr>
<tr>
<td>Inspection of Concrete Construction</td>
<td>Inspection of Vertical Masonry Foundation Elements</td>
</tr>
<tr>
<td>Inspection of Masonry Construction</td>
<td>Inspection of Spray Fire-Resistant Materials</td>
</tr>
<tr>
<td>Inspection of Wood Construction</td>
<td>Inspection of Mastic and Intumescent Fire-Resistant Coatings</td>
</tr>
<tr>
<td>Inspection of Soil Conditions</td>
<td>Inspection of Smoke Controls</td>
</tr>
<tr>
<td>Structural Observations</td>
<td>Inspection of Exterior Insulation &amp; Finish System (EIFS)</td>
</tr>
<tr>
<td>Inspection of Driven Deep Foundations</td>
<td></td>
</tr>
</tbody>
</table>

I certify that I have reviewed the report on each of the inspections or observations checked above. These reports indicate that the covered work is in compliance with West Goshen Township-approved plans and specifications and all applicable provisions of the Uniform Construction Code.

Signature of Design Professional in Responsible Charge

Date signed (Day/Month/Year):

<table>
<thead>
<tr>
<th>KEY for use in CREDENTIALS column: (on page 2)</th>
<th>ACI</th>
<th>American Concrete Institution Certified Concrete Field Testing Technician</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AWS</td>
<td></td>
<td>American Welding Society Certified Welding Inspector</td>
</tr>
<tr>
<td>ASNT</td>
<td></td>
<td>American Society of Non-Destructive Testing</td>
</tr>
<tr>
<td>AWCI</td>
<td></td>
<td>Association of Wall and Ceiling Industries</td>
</tr>
<tr>
<td>MCA</td>
<td></td>
<td>Model code agency (ICC, BOCA, SBCCI, ICBO) special inspection certification</td>
</tr>
<tr>
<td>PA</td>
<td></td>
<td>Professional Architect (currently licensed)</td>
</tr>
<tr>
<td>PE</td>
<td></td>
<td>Professional Engineer (currently licensed)</td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td>Specialized training coursework or other basis for competency deemed acceptable</td>
</tr>
</tbody>
</table>
West Goshen Township  
Commercial Plan Submission Checklist

The following sheet is to be completed by **Design Professional in Charge** and included with all applications for permit. **Other requirements as determined by the Code Official may be required or requested based on scope of project.**

1. Two sets of plans including
   a. Site Plan (Land Development required for new buildings & additions)  
   b. Life Safety Plan  
   c. Signed and sealed Architectural Plans  
   d. Signed and sealed Accessibility Plan  
   e. Structural plans signed and sealed by engineer  
   f. Signed and sealed Structural Calculations  
   g. Signed and sealed Electrical Plans by engineer (reviewed and stamped by third party agency)  
   h. Signed and sealed Energy Plans  
   i. Signed and sealed HVAC/Mechanical Plans by engineer  
   j. Signed and Sealed Mechanical calculations  
   k. Signed and Sealed Plumbing Plans  
   l. Signed and Sealed Fire Protection and Alarm Plans

2. Completed Building Permit Application

3. Completed Electrical Permit Application

4. Completed Electrical Permit for Tele/Data

5. Completed HVAC Permit Application

6. Completed Plumbing Permit Application

7. Completed Fire Protection Permit Application(s)

8. Completed Use and Occupancy Application

9. Com-Check Energy Calculations

10. Health Department signed approved plans (if applicable)

11. Zoning Decision (When relief is required)

12. Highway Occupancy Permit (Where required)

13. 1 copy of soils report (New Buildings and additions)

14. Special Inspection and observations statement

15. Insurance Certificates

16. Emergency contact numbers for contractors

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**Design Professional In Charge:**  

---

**Address:**  

---

**City, State and Zip:**  

---

**Phone Number:**  

---

**Fax Number:**

---

**Do not write below this line**

---

**Accepted by:** __________________________  

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**Date:** __________________________