



# **TOWNSHIP OF WEST GOSHEN**

## **RESIDENTIAL 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, 2009
- International Existing Building Code, 2009
- International Fire Code, 2009
- International Residential Code, 2009
- International Plumbing Code, 2009
- International Electrical Code, 2009
- National Electric Code, 2008
- International Mechanical Code, 2009
- International Energy Conservation Code, 2009
- International Fuel Gas Code, 2009
- International Property Maintenance Code, 2009
- 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.

NOTE: All structural plans must be signed and sealed by an Architect and/or Engineer(s).

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 and plans. (Penn Dot Highway occupancy permits must be submitted where required.) Submissions missing any of these items will be rejected at the counter, or upon review by the Building Official.**

**Energy Code information must be submitted with Building Permit application per submission requirements.**

**Information submitted via fax machine will not be accepted.**

**Plan review for residential permits will be 15 working days from date of complete submission.**

## When is a permit required?

An ordinary repair does not require a permit.

**The following are not ordinary repairs:**

- (1) Cutting away a wall, partition or portion of a wall.
- (2) The removal or cutting of any structural beam or load-bearing support.
- (3) The removal or change of any required means of egress, or rearrangement of parts of a structure affecting the egress requirements.
- (4) The addition to, alteration of, replacement or relocation of any standpipe, water supply, sewer, drainage, drain leader, gas, soil, waste, vent or similar piping, electric wiring or mechanical.

(a) A permit is not required for the installation, alteration or repair of generation, transmission, distribution, metering or other related equipment that is, by established right, under the ownership and control of a public utility as the term "public utility" is defined in 66 Pa.C.S. § 102 (relating to the definitions).

The following list of residential work is considered ordinary repairs and that does not require a permit from West Goshen Township.

### I. Building Construction:

- Exterior or interior painting, papering, tiling, carpeting, flooring, cabinets, counter tops and similar finishing work.

#### **The term does not include swimming pools or spas except as excluded below**

- Prefabricated swimming pools that are less than 24 inches deep.
- Swings and other playground equipment accessory to a one-or two-family dwelling.
- Window awnings supported by an exterior wall which do not project more than 54 inches from the exterior wall and do not require additional support.
- Replacement of glass in any window or door. The replacement glass shall comply with the minimum requirements of the "International Residential Code."
- Installation and replacement of a window, door, garage door, storm window and storm door in the same opening if the dimensions or framing of the original opening are not altered. The installation of means of egress and emergency escape windows may be made in the same opening, without altering the dimensions or framing of the original opening if the required height, width or net clear opening of the previous window or door assembly is not reduced.
- Replacement of existing roof material that does not exceed 25% of the total roof area performed within any 12-month period.
- Replacement of existing siding.
- Repair or replacement of any part of a porch or stoop which does not structurally support a roof located above the porch or stoop. (Enlargement of existing porch or stoop requires a Zoning Permit)
- Installation of additional roll or batt insulation.
- Replacement of exterior rainwater gutters and leaders.

#### **The following building construction require a Zoning Permit**

- Installation of an uncovered deck where the floor of the deck is no more than 30 inches above grade.
- Any agricultural building.
- Utility and miscellaneous use structures that are accessory to detached one-family dwellings having a building area less than 500 square feet. The term includes:

1. Carports
2. Detached private garages
3. Greenhouses
4. Sheds

### II. Minor electrical work for the following:

- Replacement of lamps or the connection of approved portable electrical equipment to approved permanently installed receptacles.
- Replacement of a receptacle, switch or lighting fixture rated at 20 amps or less and operating at less than 150 volts to ground with a like or similar item. This does not include replacement of receptacles in locations where ground-fault circuit interrupter protection is required.
- Replacement of installed electrically operated equipment such as doorbells, communication systems and any motor operated device.

- Installation, alteration or rearrangement of communications wiring.
- Replacement of dishwashers.
- Replacement of kitchen range hoods.
- Installation of battery-powered smoke detectors.

**III. The following gas work:**

- Portable heating, cooking or portable clothes drying appliances.
- Replacement of a minor part that does not alter approval of equipment or make this equipment unsafe.
- A portable fuel cell appliance that is not connected to a fixed piping system and is not interconnected to a power grid.

**IV. The following mechanical work or equipment:**

- A portable heating appliance.
- Portable ventilation appliances.
- A portable cooling unit.
- Steam, hot or chilled water piping within any heating or cooling equipment governed under the Uniform Construction Code.
- Replacement of any minor part that does not alter approval of equipment or make the equipment unsafe.
- Self-contained refrigeration systems containing 10 pounds or less of refrigerant or that are put into action by motors 1 horsepower.
- Portable evaporative cooler.
- A portable fuel cell appliance that is not connected to a fixed piping system and is not interconnected to a power grid.

**V. The following plumbing work:**

- Replacement of bib valves if the replacement hose bib valves are provided with an approved atmospheric vacuum breaker.
- Refinishing of existing fixtures.
- Replacement of ball cocks.
- Repair of leaks.
- Clearance of stoppages.
- Replacement of faucets or working parts of faucets.
- Replacement of traps.
- Replacement of a water closet, lavatory or kitchen sink in an existing location.
- Replacement of domestic clothes washers and dishwashers.

**VI. The following heating, ventilation and air conditioning work:**

- Replacement of motors, pumps and fans of the same capacity.
- Repair and replacement of heating, supply and return piping and radiation elements, which do not require rearrangement of the piping system.
- Repair and replacement of ductwork.
- Repair and replacement of control devices for heating and air conditioning equipment.
- Replacement of kitchen range hoods with same capacity hood.
- Replacement of clothes dryers if there is no change in fuel type, location or electrical requirements.
- Replacement of stoves and ovens if there is no change in fuel type, location or electrical characteristics.

**Any work not listed above requires the appropriate permit from West Goshen Township.**

## **REQUIRED RESIDENTIAL CONSTRUCTION DOCUMENTS**

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

**ZONING APPROVAL:** Copies of all zoning variances must be supplied at time of permits submission.

**SITE PLAN:** Scaled drawing, which shows the size and location of all new construction and all existing structures and impervious coverage on the site. Distances from structure(s) to lot lines and to other structures on the property.

**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. Building Official will determine if report is required.

**SPECIFICATIONS:** Manufacturer installation instructions for all appliances and equipment to be installed.

**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. **Plans must be signed and sealed by the registered design professional responsible for this work.**

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

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

**A** **FIRE PROTECTION:** When required, the construction documents may include a submission for the automatic fire suppression system, the fire alarm system, smoke control system, single/multiple station detectors.

**N** **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 to complete the buildings HVAC system.

**S** **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.**

**ELECTRICAL:** Service entrance conductors, grounding, and overcurrent protection location, material methods and methods, disconnect location and type, load calculations of all electrical devices and the location of emergency lighting & exit signs. **Inspection agency must be from approved Township list.**

**ENERGY:** All plan submissions must include energy calculations based on the International Energy Code and using the Res-Check software Program. The Program is free and downloadable from <http://www.energycodes.gov/rescheck/download.stm>

**NOTE:** See the PLAN SUBMISSION STANDARDS section for additional requirements.



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### Residential 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 including but not limited to shall be as follows:
  - a. Footings, walls and slabs prior to placement of concrete. **Concrete shall not be released until inspection is completed.**
  - b. Exterior Sheathing.
  - c. ELECTRICAL, SERVICE, ROUGH WIRING AND FINAL: performed by an approved third party inspection agency. (List attached)
  - d. Framing of all walls, prior to concealment. **Framing inspections will not be done until all mechanical, electrical, plumbing and fire protection material is installed.**
  - e. Insulation
  - f. Fire stopping and wallboard inspection.
  - g. Plumbing Inspection, rough and final.
  - h. Final Inspection/Use and Occupancy Inspection. This inspection must be completed prior to the occupancy of the building.

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

3. Special inspections may be required for the following items:
  - a. Soils
  - b. Concrete Construction, including footings and slab placement, mix and proper strength
  - c. Masonry
  - d. Steel
  - e. Welding
  - f. E.I.F.S. (if applicable)

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 weekly 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.**

# WEST GOSHEN TOWNSHIP FEE SCHEDULE

Effective May 9, 2019

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".

I. **Residential Building Permit** (excluding multi-unit dwellings included in Section II)

**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 – Single family dwelling, semi-detached dwellings and outbuildings, including additons to residential dwellings unless otherwise stipulated:** \$150 Minimum
2. **Mobile Homes - (includes Plumbing Fee for hookup)** \$125
3. **Alterations, Additions, and Accessories** \$ 50 Minimum  
*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 additonal impervious cover.*
4. **New Plumbing, HVAC, Alarms, Sprinklers, and any permanent systems** \$ 100 Minimum
5. **Replacement Plumbing, HVAC, Alarms, Sprinklers, and any permanent systems** \$ 50 Minimum
6. **Electrical** \$ 50 Minimum  
*Inspections are performed by an approved third party agency.*
7. **Re-Roofing (Structural Changes)** \$ 50 Minimum
8. **Re-Roofing (Non-Structural)** \$ 50
9. **Sheds** \$ 50
10. **Fence – Permit required only if fence exceeds 6 ft. in height** \$ 50
11. **Flagpoles – all permit fees are waived for the installation of a flagpole on a residential lot.**
12. **Temporary Trailers (limited to 6 months)** \$ 50
13. **Tents (limited to 6 months)** \$ 25
14. **Above-Ground Pool/ Hot Tubs (over 24 inches of water)** \$ 50
15. **In-Ground Pool (requires soil & erosion permit)** \$ 50 Minimum
16. **Electrical – required for new hookup for pools or hot tubs** \$ 50
17. **Demolition – (fee based per structure)** \$ 75
18. **Use & Occupancy Permit- New construction only** \$100  
*No permit required for resale of residential homes.*
19. **Use & Occupancy Permit – Additions** \$ 50
20. **Reinspections (any additional 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 additonal fee shall be paid to the Township prior to the reinspection.*
21. **Code Violations**  
**Starting construction without proper permits** Permit fee is doubled

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## 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 fo 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 charges. 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. Administative Fee \$ 20



# **Residential Sprinklers Requirements**

## **Required information on the Plans**

- Site location
- Static water pressure at the water supply
- Description of water service line, including pipe material and diameter
- Location and Size of the water meter
- Hydraulic calculations
- Scaled drawings
- Type of pipe material used for sprinklers
- Details about each type of sprinkler used, including manufacturer, model number, temperature rating, K factor and manufacturer's spacing requirements

## **Sprinkler Plan Details**

- A block identifying the pipe material, total number of sprinklers, and static pressure at water supply.
- Detail illustrating the bracing and mounting methods for each type of sprinkler
- Riser details
- Identification of remote sprinkler which is the hydraulically most remote on the plans
- Dimension lines for plan review to document the correct distances were used in the calculations
- Floor plan showing all exterior and interior walls so the sprinkler coverage can be reviewed

## **Manufacturer Information**

All relevant manufacturers' information should be submitted along with the plans and calculations

- Data sheets for sprinklers, pipe, and fittings to confirm the items are listed for residential sprinklers.
- Manufacturer's instructions to include installation instructions such as spacing, support, bracing and related information needed to install the items in compliance with the IRC Section P2904 or NFPA 13D.

## **Required Inspections**

- **Pre-concealment Inspection**
- **Final Inspection**
- **Flow Test (Bucket Test)**



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### Information for Deck Plans

2 Sets of plans needed for all decks detailing the following:

- ◆ Site plan showing distance to rear and side property lines
- ◆ Manufacturer specifications for the pressure treated lumber\*
- ◆ Manufacturer specifications for all hangers, nails screws and connectors\*
- ◆ Dimensions and spacing of beams and joists
- ◆ Footing location and dimensions
- ◆ Stair detail, including rise and run
- ◆ Railing detail, including cross section details for handrails
- ◆ Guard height and details
- ◆ Details for attachment to house
- ◆ Details for connection of post and beam.
- ◆ Height of deck floor above grade

*Any deck supporting a cover, or the floor of the deck is more than 30 inches above grade require the plans to be signed and sealed by a registered design professional.*

**\*Due to the corrosive nature of the new pressure treated lumber, all joist hangers, nails, bolts, anchors, connectors and screws must be a minimum of G185 Hot dipped galvanized or stainless steel. No Exceptions. \***

Submissions must have all of the above information plus a completed permit application.



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### Stormwater Management Quality Controls

Provide infiltration capacity for the equivalent of one inch of runoff from all new impervious surfaces. The infiltration volume does not have to be provided in one location. However, if site conditions preclude capture of runoff from portions of the impervious area, the infiltration volume for the remaining area should be increased an equivalent amount to offset the loss. In no case should the portion of the new impervious area flowing to an infiltration facility be less than 70% of the total new impervious area.

#### How to Size Infiltration facility for one inch of runoff

Take the new Impervious areas square footage (Ia) and divided by twelve (12) to get the volume of water per cubic feet (Wv) required for storage for one inch of runoff. Times the volume of water per cubic feet (Wv) by the void ratio of the stone (#4 Ballast) which is two point five (2.5) to get the required size of the infiltration bed.

$$Ia / 12 = Wv$$

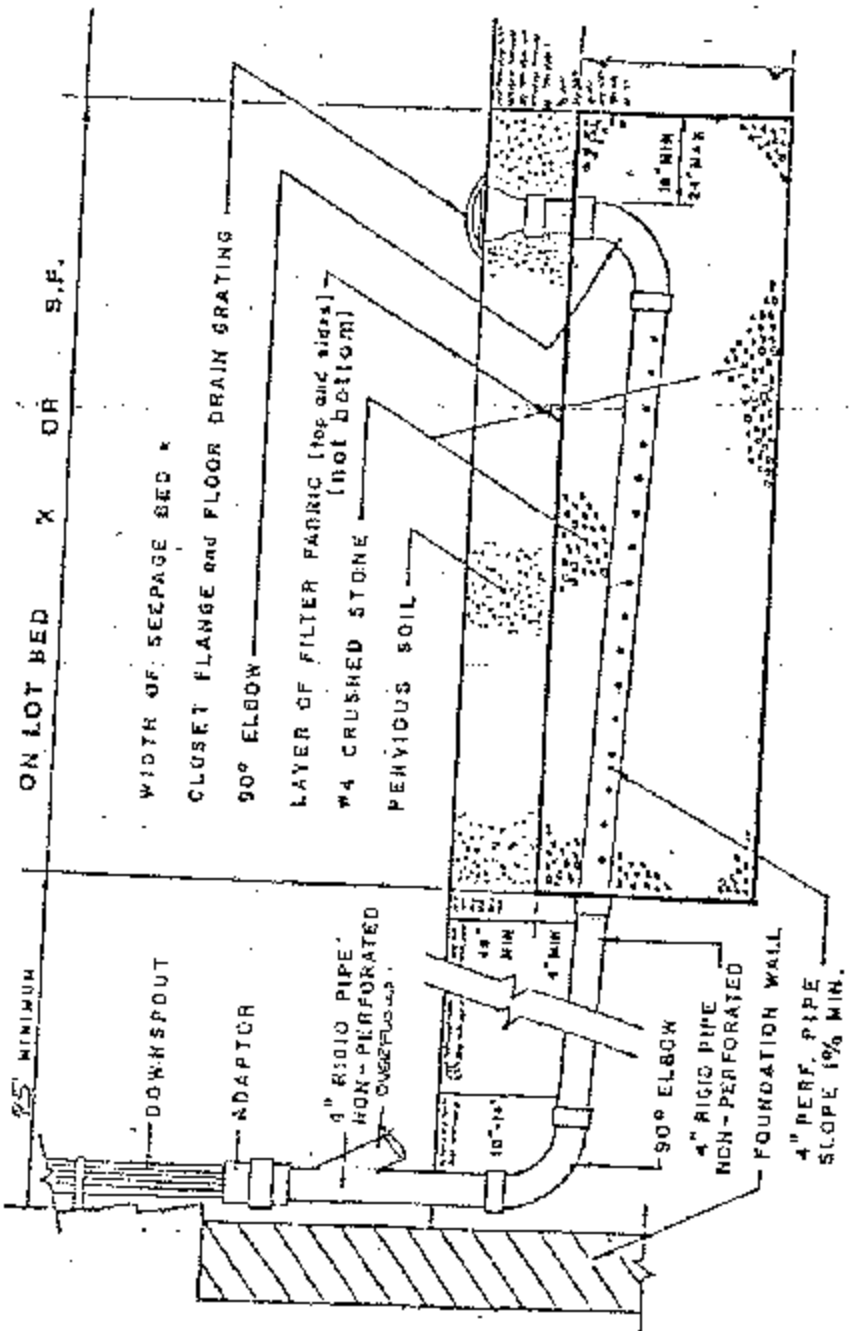
$$Wv \times 2.5 = \text{size of bed}$$

| Sq. Ft. of Impervious | Bed size using #4 stone | Sq. Ft. of Impervious | Bed size using #4 stone |
|-----------------------|-------------------------|-----------------------|-------------------------|
| 100                   | 21 cubic feet           | 1100                  | 229 cubic feet          |
| 200                   | 42 cubic feet           | 1200                  | 250 cubic feet          |
| 300                   | 63 cubic feet           | 1300                  | 271 cubic feet          |
| 400                   | 83 cubic feet           | 1400                  | 292 cubic feet          |
| 500                   | 104 cubic feet          | 1500                  | 313 cubic feet          |
| 600                   | 125 cubic feet          | 1600                  | 333 cubic feet          |
| 700                   | 146 cubic feet          | 1700                  | 354 cubic feet          |
| 800                   | 167 cubic feet          | 1800                  | 375 cubic feet          |
| 900                   | 188 cubic feet          | 1900                  | 396 cubic feet          |
| 1000                  | 208 cubic feet          | 2000                  | 417 cubic feet          |

Two sets of plans for underground infiltration facility detailing the following:

- Showing all new impervious and building coverage on site
- Size of the infiltration facility(s) including calculations
- Location of the infiltration facility(s) (All Facilities shall be positioned a minimum of twenty-five feet away from foundations with basements and a minimum of fifteen feet away from all other foundations)
- Material details (stone, fabric, pipe, overflow, etc.)
- Details of overflow and clean-out capability

***All submittals with new impervious and building coverage more than 10% of the total site area, or more than 2000 square feet require a Soil Erosion and Sediment Control Permit.***



ON LOT BED X OR S.F.

WIDTH OF SEEPAGE BED \*

CLOSET FLANGE AND FLOOR DRAIN GRATING

90° ELBOW

LAYER OF FILTER FABRIC (top and sides)

#4 CRUSHED STONE (not bottom)

PERMEABLE SOIL

1/2" MINIMUM

DOWNSPOUT

ADAPTOR

4" RIGID PIPE  
NON-PERFORATED

18" MIN

4" MIN

90° ELBOW

4" RIGID PIPE  
NON-PERFORATED

FOUNDATION WALL

4" PERF. PIPE  
SLOPE 1% MIN.

**SEEPAGE BED**



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### INSTALLATION OF A FENCE:

1. Fences may be erected in the required front yard provided they meet the following criteria:

- a. The fence does not exceed four (4) feet in height.
- b. The fence is not solid and instead maintains a minimum one to one ratio of open to structural areas (such as a picket fence).

The fence must meet the road right-of way setbacks for front yard. (*See Road Right-of-Way Setbacks*)

2. Fences may be erected in the required side or rear yard areas provided they meet the following criteria:

- a. The fence does not exceed six (6) feet in height on a residential lot and ten (10) feet in height on any other lot
- b. Such fences may be solid.

3. No permit is required prior to the erection of a fence provided the fence is less than six (6) feet in height. Any fence which is six (6) feet in height or taller requires a building permit pursuant to the procedures set forth in Section 84-67.

**For fences six feet and over:** a permit application, along with sign and sealed plans prepared by a registered design professional must be submitted. The fence needs to be designed in accordance with **ASCE 7-98** wind load provisions for 90 mph 3-second gust wind speed and seismic design category

The following corner lot requirements apply for erection of a fence regardless of the height:

### CORNER LOT:

If you plan to erect a fence on a corner lot, we request that you contact the West Goshen Township Police Department Traffic Safety Unit at 610-696-7400. The purpose of your call would be to set up an appointment with a Traffic Unit Officer to meet you at your property, at which time you would show the officer where you plan to erect the fence. The officer would then advise you if the site you have chosen would create a sight distance problem for drivers exiting the intersection, and if there is a problem in regard to the required distance from the corner.

### ROAD RIGHT-OF-WAY SETBACKS:

On a lot, other than a corner lot, a fence may be erected along the front, side, or rear of yards. If the fence is erected in the front yard, it may not extend beyond the road right-of-way. You would need to check with the Township Zoning Officer or Building Official for the right-of-way of the street. For example: If the right -of-way line is 50 ft. you would measure 25 ft. from the center of the road onto your property. The fence should then be erected in back of the 25 t.

In order to maintain both sides of the fence without going onto your neighbor's property, we suggest that you place the fence three to five feet from your property line.



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### 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](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.

#### **3303.9 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.**

BOARD OF SUPERVISORS  
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**BUILDING AND ZONING PERMIT APPLICATION Page 1 of 2**

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

|  |
|--|
| Township use only<br>Permit # _____<br>Date: _____<br>Fee: _____ |
|--|

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

THIS SECTION MUST BE ANSWERED: INTENDED USE OF BUILDING \_\_\_\_\_ COST OF CONSTRUCTION: \$ \_\_\_\_\_

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  
 Sprinkler  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 # \_\_\_\_\_)

**BOARD OF SUPERVISORS  
WEST GOSHEN TOWNSHIP  
1025 PAOLI PIKE  
WEST CHESTER, PA 19380  
PHONE: 610-696-5266 FAX: 610-429-0616**

**BUILDING AND ZONING PERMIT APPLICATION Page 2 of 2**

|  |
|--|
| Township use only<br><b>Permit #</b> _____<br><b>Date:</b> _____ |
|--|

**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 Permit Denied:** Date \_\_\_\_\_ Date Returned \_\_\_\_\_

Reason Denied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Building Permit Approved:** Date \_\_\_\_\_

|                              |            |                      |            |
|------------------------------|------------|----------------------|------------|
| Building Code Official _____ | Date _____ | Zoning Officer _____ | Date _____ |
|------------------------------|------------|----------------------|------------|

|  |
|--|
| Is this property in a flood plain? Yes <input type="checkbox"/> No <input type="checkbox"/> (To be filled out by office) |
|--|



**BOARD OF SUPERVISORS  
WEST GOSHEN TOWNSHIP  
1025 PAOLI PIKE  
WEST CHESTER, PA 19380  
PHONE: 610-696-5266 FAX: 610-429-0616**

**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

|  |
|--|
| <b>Township use only</b><br><b>Permit #</b> _____<br><b>Date:</b> _____<br><b>Fee:</b> _____ |
|--|

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 Electrical 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  Tele/Data

**Service size:** \_\_\_\_\_ AMP **Inspection Agency:** \_\_\_\_\_

**Number of Fixtures:** Switches: \_\_\_\_\_ Smoke Detectors: \_\_\_\_\_ Lighting: \_\_\_\_\_ Receptacles: \_\_\_\_\_

Tele/Data Boxes: \_\_\_\_\_ Total Number of Fixtures: \_\_\_\_\_

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**

BOARD OF SUPERVISORS  
WEST GOSHEN TOWNSHIP  
1025 PAOLI PIKE  
WEST CHESTER, PA 19380  
PHONE: 610-696-5266 FAX: 610-429-0616

MECHANICAL/HVAC 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 19380

|  |
|--|
| Township use only<br>Permit # _____<br>Date: _____<br>Fee: _____ |
|--|

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  Educational  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

**BOARD OF SUPERVISORS  
WEST GOSHEN TOWNSHIP  
1025 PAOLI PIKE  
WEST CHESTER, PA 19380  
PHONE: 610-696-5266 FAX: 610-429-0616**

**PLUMBING PERMIT APPLICATION**

|  |
|--|
| <b>Township use only</b><br><b>Permit #</b> _____<br><b>Date:</b> _____<br><b>Fee:</b> _____ |
|--|

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 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 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

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

**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**

**BOARD OF SUPERVISORS  
WEST GOSHEN TOWNSHIP  
1025 PAOLI PIKE  
WEST CHESTER, PA 19380  
PHONE: 610-696-5266 FAX: 610-429-0616**

**FIRE PROTECTION 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

|  |
|--|
| <b>Township use only</b><br><b>Permit #</b> _____<br><b>Date:</b> _____<br><b>Fee:</b> _____ |
|--|

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

|  |
|--|
| <b>Sprinklers:</b> <b>Type of System</b> (circle)    Wet    Dry    Pre-Action    Deluge    Limited Area<br><b>Type of Work</b> (circle)    New    Relocate    Modify<br>Number of Heads: _____    System Demand: _____    Standpipe(s): _____<br>Hydraulically Calculated: _____    Pipe Schedule: _____ |
| <b>Fire Alarm:</b> Monitored (circle)    Yes    No<br>Monitoring Company _____    Phone Number _____<br>Number of Audible/ Visual Devices _____    Number of Pull Stations _____<br>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 \_\_\_\_\_ Print Name of \_\_\_\_\_  
Owner or Authorized Agent: \_\_\_\_\_ Owner or Authorized Agent: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_ Contractor Print Name: \_\_\_\_\_

**Permit Denied:**    Date \_\_\_\_\_    Reason Denied: \_\_\_\_\_

**Permit Approved:**    Date \_\_\_\_\_

Zoning Officer (For tents only) \_\_\_\_\_ Date \_\_\_\_\_ Fire Code Official \_\_\_\_\_ Date \_\_\_\_\_



**Offer to Install Automatic Fire Sprinkler System in One- or Two-Family Home**

My builder has given me the option of having an automatic fire sprinkler installed in my new home in accordance with the provisions of section R313.2.1 of the 2009 International Residential Code.

My builder has provided to me information on the initial and ongoing costs of installation and maintenance of the system. I understand that my cost to have an automatic fire sprinkler system installed in my new home will be \$\_\_\_\_\_. I understand that certain additional costs may be required in the future to maintain the system.

My builder has provided to me information as made available by the Office of the Pennsylvania State Fire Commissioner about the possible benefits of installing an automatic sprinkler system in my home. My builder has informed me that the information may also be found at the Pennsylvania State Fire Commissioner’s website, [www.osfc.state.pa.us](http://www.osfc.state.pa.us)

**After considering both the costs and the benefits of installing an automatic fire sprinkler system in my new home, I have elected to:**

**Accept the offer for the installation of an automatic sprinkler system in my home for the price specified above.**

**Not have an automatic fire sprinkler system installed in my home.**

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Location of New Home

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Builder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Buyer Information PLEASE PRINT CLEARLY

Builder Information PLEASE PRINT CLEARLY

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

City/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

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

Property Information

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

Zoning District: \_\_\_\_\_ Tax Parcel No.: \_\_\_\_\_

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**

**(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 Sale  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: \_\_\_\_\_

**TO BE FILLED OUT BY OFFICE**

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 # \_\_\_\_\_

WEST GOSHEN TOWNSHIP  
(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 \_\_\_\_\_ 19\_\_\_\_

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

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

(Seal)

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_

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

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

**How to Implement  
the "Contractor Proof" Provision  
of the Workers' Compensation Reform Act  
Act 44 of 1993  
Effective August 31, 1993**

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 be 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 you 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 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 ace. 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 art 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.



## 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 Burreau 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.**

**West Goshen Township  
Residential Plan Submission Checklist**

The following sheet is to be completed by **general contractor or person coordinating submission** 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 showing setbacks measurements and placement of alterations/additions \_\_\_\_\_
  - b. Foundation Details \_\_\_\_\_
  - c. Framing Plans including grade and species of lumber \_\_\_\_\_
  - d. Connection details including model numbers \_\_\_\_\_
  - e. Electrical Details \_\_\_\_\_
  - f. HVAC Details with calculations \_\_\_\_\_
  - g. Manufacturers Specifications \_\_\_\_\_
  - h. Zoning decisions (if applicable) \_\_\_\_\_
- 2. Completed Building Permit Application \_\_\_\_\_
- 3. Completed Plumbing Permit Application \_\_\_\_\_
- 4. Completed HVAC Permit Application \_\_\_\_\_
- 5. Completed Electrical Permit Application \_\_\_\_\_
- 6. Completed Workman's Compensation Information Sheet \_\_\_\_\_
- 7. Res-Check Energy Calculations \_\_\_\_\_
- 8. Insurance Certificate \_\_\_\_\_

Person coordinating submission: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

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Do not write below this line

Accepted by: \_\_\_\_\_

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