NEWLIN TOWNSHIP CHESTER COUNTY, PENNSYLVANIA P.O. BOX 447 UNIONVILLE, PA 19375 Phone: (610) 486 - 1141 Fax: (888) 659 - 8823 Email: info@newlintownship.org Copy to: cakologie@casval.com

### **BUILDING PERMIT APPLICATION**

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

Instructions for completing Application:

- This application and any accompanying plans must be mailed to: CASTLE VALLEY CONSULTANTS, INC., 1011 Daisy Point Road, Pottstown, PA 19465.
   NOTE: Three (3) sets of plans and specifications shall accompany the application as well as three (3) plot plans showing the size of the lot and the location of improvements thereon, giving side, rear and front yard requirements.
- 2. The application fee and a copy of the application form must be sent to Newlin Township at the address above. Refer to the latest version of the Newlin Township Fee Schedule found at www.newlintownship.org by clicking on the 'permits & forms & apps' tab. This application must provide all of the information requested on this form. NO APPLICATION WILL BE ACCEPTED WHICH IS INCOMPLETE AND/OR WHICH IS SUBMITTED WITHOUT THE REQUIRED FEE. FEES MUST BE RECEIVED BY THE TOWNSHIP SECRETARY PRIOR TO ACCEPTANCE OF THE APPLICATION.

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

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

PERMIT NO.	USE _	
		DATE
TO: The Building/Zoning	Officer, Township of	Newlin, Chester County, PA
APPLICANT		
Name of Owner	Address	
Phone Number	Email	
TAX PARCEL NUMBER	• •	

Application is hereby made for a permit to:

Lot #	House # Street	or Road		
Site Location				
Zoning District:	<ul><li>Flexible Rural Deve</li><li>Steep Slope Conser</li><li>Airport Overlay</li></ul>	elopment	-	
Plot of Ground			1100 <i>0</i> p10111 0	
(front				
The Building is to be	Building Garages Porches Zoning Other Total	Summary of Estim \$\$ \$\$ \$\$ \$\$ \$\$		Permit Fees         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$
C				
Floor area (Sq. Ft.)	Garage Base	ment 1st Floor	r 2nd Floo	or Total
and specifications) h true, correct and cor practices.	penalties of perjury that has been examined by nplete application. All	me and to the best of construction must	of my knowled	lge and belief is a
· • • •		(signature)		0 () (1) Lit
APPROVED	DISAPPROVED			BUILDER
		(signature)	01	CONTRACTOR
DATE	(addre	ess of Builder or Con	tractor)	

Building / Zoning Officer

### TOWNSHIP OF NEWLIN CODES DEPARTMENT

P.O. BOX 447, UNIONVILLE, PA 19375 | Phone: 610-486-1141 | Fax: 888-659-8823 www.newlintownship.org

### Impervious Coverage Worksheet

Parcel ID #	Phone Number	
Total Project Area of	A	
Previously Installed In	Impervious Coverage since January 1,2014	<u> </u>
Total Project Area of	New Impervious Surface Being Proposed	<u> </u>
Total Cumulative Imp	pervious Coverage Installed since January 1, 2014	D (B+C)
Stormwater Management S	Submission Type: Exempt Minor Stormwater Stormwater Site Pla	
Total New Impervious Area (This value to be used for "Pr	ea Since January 1, 2014 Previous Impervious Area prior to January 1, 2014 for subs	(Same as D above)
information provided is acc	are that I am the property owner, or representative of curate to the best of my knowledge. I understand that roperties or be directed onto another property without mation may result in a stop work order or revocation	t stormwater may not t written permission. I also of permits. Municipal
understand that false inform	inted reasonable access to the property for review and	d/ or inspection of this

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

# COUNTY OF CHESTER ASSESSMENT OFFICE

313 W. MARKET STREET, SUITE 4202, P.O. BOX 2748, WEST CHESTER, PA 19380-0991

610-344-6105 Fax 610-344-5902 www.chesco.org

JONATHAN B. SCHUCK, MBA CPE Director of Assessment

Dear Property Owner:

As you have applied for a building permit from your municipality, the county Assessment Office would like to advise you of the steps surrounding our involvement in the process. We would like to make sure that you are aware of what will take place during construction and after the improvement is finished.

- 1) The municipality is required to supply a list of all building and zoning permits to the Assessment Office monthly.
- 2) An assessor will visit your property when they are in your municipality (generally rotate through every 2 3 months).
- 3) When arriving at your property, the assessor will come to the front door and identify themself wearing a Chester County I. D. badge and will present a business card. They will ask you questions about the building permit and may need to measure the improvements (from the outside).
- 4) If you are not home when the assessor arrives, a business card will be left with a note on the flip side of the card. The assessor will proceed to the improvement and measure if the work is sufficiently complete. Otherwise they will mark it for a revisit the next time they are in the municipality.
- 5) Please cooperate with the assessor, as he or she is simply trying to get the correct information about your improvement, so there will be no mistakes on the county record.
- 6) After the construction is finished or 30 months has elapsed your improvement will be assessed and added to your property record card.
- 7) You will receive a notice from our office changing your assessment reflecting the addition of the new improvement. If you require more information please call our office at 610-344-6105 and ask to speak to the assessor assigned to your municipality.

It is the intention of this letter to inform you of the assessment process so that you realize that we will be visiting your property. Please note that due to time constraints we generally **do not make appointments**, unless absolutely necessary. Please be patient when an assessor knocks on your door and answer any questions to the best of your ability. Thank you for your anticipated cooperation.

Sincerely, Jonathan B. Schuck Director Susan L. Caldwell, CPE. Chief Assessor

Taxing Authority-please run additional copies of this letter when your supply runs low.

## Workers' Compensation Insurance Coverage Information (attach to building permit application) A. The Applicant is or is contracting with A contractor within the meaning of the Pennsylvania Workers' Compensation Law. □ Yes □ No If the answer is yes, complete Section B or C as appropriate. If no, complete Section D. B. Insurance Information Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: Applicant is a qualified self-insurer for workers' compensation. □ Certificate attached Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_ □ Certificate attached Contractor's Signature: Date:

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

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

□ 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.

<ul> <li>Religious exemption under the Workers' Compensation Law.</li> </ul>	Subscribed and sworn to/before me this day of 20		
Signature:			
Printed Name:Address:			
Phone: County of: Municipality of:	(Seal)		
Property owner ONLY doing work. No contracto	rs or employees involved. Date:		
Name:	Signature:		

D.