



Building & Zoning Department
 729 Saint Matthews Road
 Chester Springs, Pa 19425
 Phone: 610-458-1601
 Fax: 610-458-1603
www.westvincentwp.org

Permit No.: _____

WEST VINCENT TOWNSHIP COMMERCIAL BUILDING PERMIT

Date of Application: _____

PART 1 - INSTRUCTIONS	
<p>Listed below are the items that are required to be submitted to West Vincent Township in order to obtain a building permit. This list is not all inclusive for the construction project. Failure to submit the required items may result in denial of the issuance of the permit.</p> <ol style="list-style-type: none"> 1. The Building Permit Application must be made by the owner or lessee of the building or structure, or agent of either or by the Registered Design Professional employed in connection with the proposed work. 2. All applications must be two sets of site/plot plans, and building plans. 3. Please provide permits for well and septic when necessary. 4. The Chester County Health Department must see the plans to verify the septic system is adequate for the construction (when applies). 5. Please provide road occupancy permit when any construction ties into a township or state road. 6. If required due to Act 267 Stormwater Management Plans shall be submitted with the application. 7. All building permits shall be accompanied by a Zoning Permit unless work is interior or waived by the Township Official. 	
PART 2 – LOCATION OF PROPOSED WORK	
Parcel Site/Site Address:	
Tax Parcel Identification Number of Property:	Lot #:
PART 3 – PROPERTY OWNER INFORMATION	
Owner Name (person or entity that owns the property on which the proposed Regulated Activity is located):	
Street Address OF Owner:	
City, State and Zip Code of Owner:	
Telephone Number of Owner:	Email Address of Owner:



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PART 4 – APPLICANT’S INFORMATION			
Name of Applicant:			
Street Address of Applicant:			
City, State and Zip Code of Applicant:			
Telephone Number of Applicant:	Email Address of Applicant:		
PART 5 – APPLICANT’S CONTRACTOR INFORMATION			
Name of Applicant’s Contractor:			
Telephone Number of Applicant’s Contractor:	Email Address of Contractor:		
PART 6 – APPLICANT’S ENGINEER INFORMATION			
Name of Applicant’s Engineer:			
Telephone Number of Applicant’s Engineer:	Email of Engineer:		
PART 7 – TYPE OF WORK OR IMPROVEMENT			
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Demolition
<input type="checkbox"/> Accessibility	<input type="checkbox"/> Change in Use	<input type="checkbox"/> Relocation	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Deck	<input type="checkbox"/> Pool	<input type="checkbox"/> Shed
<input type="checkbox"/> Sign	<input type="checkbox"/> Alteration	<input type="checkbox"/> Road Opening	<input type="checkbox"/> Electrical
<input type="checkbox"/> Fireworks (display, sale & discharge)			
PART 8 – DESCRIBE THE WORK			



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Estimated Cost of Construction: \$ _____		
SQ.FT. of Conditioned Space:	SQ,FT. of Unconditioned Space:	
Stories Above Grade:	Does it Have a Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Floor Area (sq ft):	Floor Area New Construction/Addition:	
PART 9 – ZONING COMPLIANCE		
Does Municipality Have a Zoning Ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes Has a Zoning Permit Been Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Water Service: <input type="checkbox"/> Private <input type="checkbox"/> Public	Sewer Service: <input type="checkbox"/> Private <input type="checkbox"/> Public	
PART 10 – FLOODPLAIN		
Is the site located within an identified flood prone area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will any portion of the flood prone areas be developed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and for PA Flood Plain Management Act (act 166 1978, specifically section 60,3) (D).		
PART 11 – WETLANDS		
Is the site located within any identified wetlands area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will any portion of the wetland area be developed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Owner/Agent shall verify that any proposed construction activity complies with the requirements of the Commonwealth of PA Department of Environmental Protection (25 PA code Chapter 105).		
PART 12 – STORMWATER INSPECTION AGREEMENT		
In accordance with Ordinance No.160 of 2014, West Vincent Township Stormwater Ordinance, please read and sign the Stormwater inspection Agreement.		
I certify that (I or my agent) will call ARRO Engineering, Inc (484-999-6150) for all Stormwater Management Inspections. I am aware that West Vincent Township is NOT responsible for scheduling or performing any Stormwater inspections.		
Name of Applicant	Signature of Applicant	Date (dd/mm/yyyy)
Name of Owner/Agent	Signature of Owner/Agent	Date (dd/mm/yyyy)



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PART 13 – PLUMING PERMIT			
Name of Contractor:	Telephone Number of Contractor:		
Location (Site Address):			
Provide a Number Count for Each Fixture:			
___ Stacks	___ Sinks	___ Baths	___ Water Closet
___ Lavatory	___ Tank/Heater	___ Laundry Tray	___ Water Dist. System
___ Flood Drain	___ Sewage Ejector	___ Fountain (drink)	___ Sump
___ Shower	___ Urinal	___ Catch Basin	___ Dishwasher
___ Humidifier	___ Garbage Grinder	___ Washing Machine	___ Rainwater Leaders
___ Other: _____			
TOTAL FIXTURES: _____			
PART 14 – ELECTRICAL PERMIT			
Name of Contractor:	Telephone Number of Contractor:		
Location (Site Address):			
Provide a Number Count for Each:			
___ Switch	___ Range, Oven & Cook Top	___ Exit Signs	___ Lightning Rods
___ Receptacle	___ Dryer	___ Emergency Lights	___ Septic Feeds
___ GFCI	___ Track Lighting	___ Timers	___ Refrigerator Units
___ Dimmers	___ Future Outlets	___ Motors	___ Elevators
___ Med Base Fixtures	___ Exhaust Fans	___ Generators	___ Central Vacuum
___ Fluorescent Fixtures	___ Ceiling Fans	___ Disconnects	___ Water Heater
___ Heating Equip	___ Garbage Disposal	___ CO Detector	___ Hot Tub
___ AC Central	___ Dishwasher	___ Pumps	___ Smoke Detector
___ Electric Heat (section)	___ Laundry	___ Pool	___ Satellite Dish
SERVICE:	Amp: _____	Phase: _____	Volts: _____



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PART 15 – TOWNSHIP ROAD OCCUPANCY PERMIT	
Permission is granted to: _____	Date Issued: _____ Escrow (1000.00): _____
Permittee _____	Township Road (Work Location) _____
Street Address _____	City, State, Zip _____
Phone Number _____	Email Address _____
<p>Under and subject to all conditions, restrictions, regulations prescribed by the Township and on the general provisions and specifications, a true copy whereof is attached and made part hereof, with the same force and written or printed herein and under and subject to the special conditions, restrictions and regulations hereinafter and forth.</p>	
<p>DESCRIPTION OF WORK:</p> 	
<p>The Township Supervisors may at any time revoke and annul this permit for the non-performance of or non-compliance with any of the conditions, restrictions and regulations hereof.</p>	
<p>Approved: _____</p> <p style="text-align: center;"> Day Month Year </p>	
Driveway: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PennDOT Permit Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No



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PART 16 – WORKERS COMPENSATION INSURANCE COVERAGE									
A.	The applicant is a worker within the meaning of Pennsylvania Workmans Comp Law: <input type="checkbox"/> Yes <input type="checkbox"/> No								
B.	Insurance Information								
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Name of Applicant:</td> <td style="width: 50%;">Federal or State Employer ID#:</td> </tr> <tr> <td>Applicant is qualified Self-Insurer for Workmans Comp: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">Name of Workmans Comp Insurer:</td> </tr> <tr> <td>Workers Comp Policy #:</td> <td>Policy Expiration Date:</td> </tr> </table>	Name of Applicant:	Federal or State Employer ID#:	Applicant is qualified Self-Insurer for Workmans Comp: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Workmans Comp Insurer:		Workers Comp Policy #:	Policy Expiration Date:
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Applicant is qualified Self-Insurer for Workmans Comp: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No								
Name of Workmans Comp Insurer:									
Workers Comp Policy #:	Policy Expiration Date:								
C.	<p>Exemption:</p> <p>Complete section C If applicant Is a contractor claiming exemption from providing workmans comp insurance.</p> <p>The undersigned swears or affirms the he/she Is not required to provide workmans comp coverage under the provisions of the PA Workmans Comp Law for one of the following reasons as indicated:</p> <p><input type="checkbox"/> Contractor with no employees. Contractor prohibited by law from employing any Individual to perform work pursuant to this permit.</p> <p><input type="checkbox"/> Religious Exemption under Workmans Comp Law</p>								
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PART 17 – CERTIFICATION & ACKNOWLEDGEMENT

The applicant certifies that all Information on this application is correct and the work will be completed in accordance with the "approved" construction documents and the Uniform Construction Code and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, right of ways, flood areas etc. 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 the Municipality or any other governing body. The applicant certifies he/she understands all of the applicable codes, ordinances and regulations.

Application for building permit shall be made by the owner or leasee of the building or structure, or agent of either or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrators authorized representative shall have the authority to enter the covered area by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

WE HAVE RECEIVED A COPY OF THE REQUIRED INSPECTIONS AND ARE FULLY AWARE OF THESE REQUIREMENTS

Name of Applicant and Signature

Date (dd/mm/yyyy)

Name of Owner/Agent and Signature

Date (dd/mm/yyyy)

PART 16 – PERMIT APPROVAL (to be completed by Township)

Building Code Official Name

Signature

Date (dd/mm/yyyy)



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WEST VINCENT TOWNSHIP

OUTLINE OF REQUIRED INSPECTIONS (RESIDENTIAL) PER THE REQUIREMENTS OF THE ICC RESIDENTIAL CODE AND PA UCC

THE FOLLOWING LIST, WHILE NOT ABSOLUTELY COMPLETE, IS A FAIR REPRESENTATION OF THE INSPECTIONS REQUIRED FOR A CERTIFICATE OF OCCUPANCY FOR A NEW SINGLE FAMILY DWELLING UNDER THE PENNSYLVANIA UNIFORM CONSTRUCTION CODE.

SETBACK

PERFORMED AFTER THE LOT HAS BEEN STAKED OUT TO ENSURE THAT THE STRUCTURE IS LAID OUT WITHIN THE BUILDING ENVELOPE.

FOOTING

PERFORMED AFTER EXCAVATION, ALL FORMS ARE IN PLACE WITH ALL REQUIRED REBAR IN PLACE AND PROPERLY SUPPORTED, ALL DEBRIS REMOVED FROM FOOTING EXCAVATIONS, BOTTOM OF FOOTINGS SOLID AND CAPABLE OF DESIGN SUPPORT, DEPTH PINS AT THE EDGE OF THE FOOTING, LAYOUT CONFORMS TO APPROVED PLAN (NO 'JUMPS' IN FOOTING AT LINE OF GARAGE UNLESS DESIGNED AS SUCH).

FOUNDATION

*POURED CONCRETE: PERFORMED AFTER FORMS ARE COMPLETED, ALL REQUIRED REBAR IS IN PLACE, NO DEBRIS IN FORMS, ALL PENETRATIONS PROPERLY FORMED
CMU: PERFORMED AT THE BEGINNING TO DETERMINE COMPLIANCE WITH PROPER MORTAR HEAD AND BED JOINTS.*

BACKFILL

PERFORMED AFTER FOUNDATION WALLS ARE COMPLETE OR FORMS ARE STRIPPED FOR PROPER HEIGHT, ANCHOR BOLT PLACEMENT, DAMP/WATER PROOFING, PERIMETER DRAIN, PARGING, AND INSULATION, PER DESIGN ON APPROVED PLAN. ALSO CONFIRM THAT FIRST FLOOR DECK IS IN PLACE OR WALLS ARE PROPERLY BRACED OR NO MORE THAN 4' OF BACKFILL.

FRAMING - ROUGH

PERFORMED AFTER ENTIRE STRUCTURE IS FRAMED TO DETERMINE COMPLIANCE WITH CODE AND DESIGN, ANCHOR BOLTS/STRAPS IN PLACE AND COMPLIANT, JACK STUDS, LOAD BEARING SUPPORTS, PROPER FASTENING, BRACED WALL LINES, NARROW WALL BRACING, ROOF TIE-DOWNS, FOUNDATION STRAPS, SHEATHING- WALL AND ROOF, WINDOW AND DOOR INSTALLATION PER MFR'S INSTRUCTIONS AND FIRE BLOCKING.

ROOFING

PERFORMED AT THE SAME TIME AS ROUGH FRAMING AND INCLUDES UNDERLAYMENT, FLASHING, DRIPEDGE, ROOF AND SOFFIT VENTING, SHINGLES, AND VENT BOOTS.

PLUMBING- ROUGH

PERFORMED AT THE SAME TIME AS ROUGH FRAMING AND INCLUDES LATERALS AND SERVICES (SEWER AND WATER), WATER SUPPLY (TEST WITNESS), DRAIN-WASTE-VENT (TEST WITNESS), GAS PIPING (TEST WITNESS).

MECHANICAL- ROUGH

PERFORMED AT THE SAME TIME AS ROUGH FRAMING AND INCLUDES DUCTWORK, RETURN AIR, COMBUSTION AIR, APPLIANCE LOCATION AND UTILITY FEEDS.

ELECTRICAL- ROUGH (SHALL BE DONE BEFORE ROUGH FRAMING INSPECTION)

RECORD NAME OF INSPECTING AGENCY AND DATE OF ROUGH INSPECTION.



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ENERGY CONSERVATION

INSULATION, TYVEK (BUILDING WRAP), WINDOW/DOOR FLASHING, NFRC RATINGS FOR ALL FENESTRATION-RECORD TO CONFIRM COMPLIANCE.

DRYWALL

PERFORMED AS THE LAY-UP BEGINS, TO CHECK FASTENING AND FIT, RETURN IF NECESSARY FOR FOLLOW-UP.

FINAL

PERFORM FINAL REVIEW OF ALL SYSTEMS: PLUMBING, MECHANICAL, ELECTRICAL, CHECK TOTAL BUILDING, BASEMENT INSULATION AND FINISH, CONFIRM THAT GRADING (AND LANDSCAPING) CONFORMS TO APPROVED LAND PLAN.

Applicant Name

Signature

Date (dd/mm/yyyy)

Building Code Official Name

Signature

Date (dd/mm/yyyy)