

WESTTOWN TOWNSHIP

INSTRUCTIONS FOR COMPLETING A BUILDING PERMIT APPLICATION

STORMWATER MANAGEMENT ORDINANCE REQUIREMENTS
As required by Township Ordinance 2004-8, if your building project exceeds ten (10) percent of the total site area, or the maximum allowable additional impervious coverage of two thousand (2,000) square feet, then you are required to complete a **STORMWATER FACILITIES MAINTENANCE AND MONITORING AGREEMENT.**

NOTE: FAILURE TO COMPLETE THE APPLICATION AND ALL OF ITS REQUIREMENTS WILL DELAY THE PROCESSING OF YOUR PERMIT.

1. Applications **MUST** be submitted with two (2) sets of plans, drawings, and/or sketches of the alteration or addition showing structural, framing, and piping detail sufficient for understanding the project.
2. Applications **MUST** be submitted with Mandatory Workers' Compensation insurance information form (attached) and proof of current liability insurance coverage.
3. The application **MUST** be completed with the building and/or contract pricing.
4. The property owner or their representative **MUST** sign the application. Their representative may either be the contactor or design architect. The property owner must sign and date the area that references the possibility of a future kitchen.
5. Submit the completed application to the Westtown Township office between 8:30 AM and 4:30 PM, M-F. Permit fees are to be paid when you pick up the completed building permit. No fees will be accepted at the time the application is submitted.
6. Applications are processed as quickly as possible, but please allow two to three weeks for processing. **NO WORK MAY BE STARTED PRIOR TO RECEIVING THE BUILDING PERMIT.** The applicant is responsible for contacting the Township to conduct the required inspections. A **FINAL** inspection is mandatory in order to close an active building permit and occupy the space. You **MUST** contact the Township at least twenty-four (24) hours in advance to schedule any inspection.
- 8 When alterations, repairs or additions requiring a permit occur, the entire building shall be provided with smoke detectors located as required for new dwellings indicated in the IRC building code Chapter 3, §313.** A copy of this code section will be included on the reverse side of these instructions.
9. A copy of the Labor & Industry stamp and paperwork must accompany all commercial project applications that require a Labor & Industry plan review.

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR SUBMISSION OF ALL PERMIT APPLICATIONS.

1. **Site plan w/ required set back dimensions2 copies** ()
2. **Plans/Drawings/Sketches of project2 copies** ()
3. **Mandatory Workers Compensation and Liability Certificates** ()
4. **Contract Price/Value** ()
5. **Application completely filled out and signed by owner and contractor** ()
6. **Impervious Coverage information completely filled out** ()

International Residential Building Code for One and Two Family Dwellings

SECTION R 313- SMOKE ALARMS

R 313.1 Smoke detection and notification

All smoke alarms shall be listed in accordance with UL 217 and installed in accordance with the provisions of this code and the household fire warning equipment provisions of NFPA 72.

Household fire alarm systems installed in accordance with NFPA 72 that include smoke alarms, or a combination of smoke detector and audible notification device installed as required by this section for smoke alarms, shall be permitted. The household fire alarm system shall provide the same level of smoke detection and alarm as required by this section for smoke alarms in the event the fire alarm panel is removed or the system is not connected to a central station.

R 313.2 Location

Smoke alarms shall be installed in the following locations:

1. In each sleeping room
2. Outside each sleeping area in the immediate vicinity of the bedrooms.
3. On each additional story of the dwelling, including basements but not including crawl spaces and uninhabitable attics. In dwellings or dwelling units with split levels and without an intervening door between the adjacent levels, a smoke alarm installed on the upper level shall suffice for the adjacent lower level provided that the lower level is less than one full story below the upper level.

When more than one smoke alarm is required to be installed within an individual dwelling unit the alarm devices shall be interconnected in such a manner that the actuation of one alarm will activate all of the alarms in the individual unit

R 313.2.1 Alterations, repairs and additions

When alterations, repairs or additions requiring a permit occur, or when one or more sleeping rooms are added or created in existing dwellings, the individual dwelling unit shall be equipped with smoke alarms located as required for new dwellings; the smoke alarms shall be interconnected and hard wired.

Exceptions: Inter connection and hardwiring of smoke alarms in existing areas shall not be required when the alterations or repairs do not result in the removal of interior wall or ceiling finishes, unless there is an attic, crawl space or basement which would provide access for hardwiring and interconnection

Work involving the exterior surfaces of dwellings is exempt from these requirements.

WESTTOWN TOWNSHIP

1039 Wilmington Pike
P.O. Box 79
Westtown, PA. 19395

Phone: 610.692.1930
Fax: 610.692.9651

Date Received _____

RESIDENTIAL BUILDING PERMIT APPLICATION

ALL INFORMATION MUST BE FILLED IN AND EITHER PRINTED LEGIBLY OR TYPED

-----TOWNSHIP USE ONLY-----			
Zoning District _____	Parcel Number _____	Permit Number _____	Permit Fee _____
Site Address _____		Zoning Officer Approval _____	

Applicant/Contractor Information

Applicant: Owner Contractor Architect

PERMIT TYPE: New Addition Alteration

Property Owner _____ Phone _____ Email _____

Mailing Address _____ City _____, PA Zip _____

Contractor _____ Phone Number _____

Owner's Name _____ Phone Number _____

Address _____ City _____, PA Zip _____

Architect/Engineer _____ Phone _____

Address _____ City _____, PA Zip _____

For all building permits over one story high, the drawings must be prepared by a Pennsylvania registered design professional (Architect or Structural Engineer) and all drawings must be SIGNED & DATED WITH SEAL. Unsigned, unsealed, and undated drawings will be returned to the applicant for correction and resubmission.

NOTICE

All work performed in conjunction with this permit shall be in conformance with the 2009 INTERNATIONAL RESIDENTIAL CODE, the PENNSYLVANIA UNIFORM CONSTRUCTION CODE, and all Westtown Township Ordinances.

The applicant: Owner Contractor Architect hereby makes application to Alter Erect the following:

On property located at _____

Lot Area _____ Frontage _____ Depth _____

Setbacks: from right-of-way: _____ ft. Left: _____ ft. Right: _____ ft. Rear: _____ ft.

Footprint: _____ sq.ft. Structure Height: _____ Width: _____ Depth: _____

No. of floors: _____ No. of rooms: _____ No. of Bedrooms: _____ No. of Baths: _____ Total Sq. Ft. _____

Use Group Class: _____ Construction Type: _____ (as indicated on architectural drawings) Sprinklers Required YES NO

Sewer Disposal Public *On-Lot - CCHD permit number _____ Date _____

Water supply Public *On-Lot - CCHD well permit number _____ Date _____

***Chester County Health Department Permit Number (required if additional bedrooms are included)**

***A copy of well permit must be attached to this Building Permit Application**

New Driveway: No Yes Pennsylvania Highway Department Permit Number (if required) _____

Attached garage Detached garage

Building Information (Continued)

Structural

Footings _____ Depth _____

Foundation _____

	Span	Size	Spacing		Span	Size	Spacing
Girders				Interior Studs			
1 st Floor Joist				Roof Rafters			
2 nd Floor Joist				Bearing Walls			
Ceiling joist				Columns			
Exterior studs							

Wall Coverings

Exterior Walls _____ Interior Walls _____ Roof _____

Mechanical

Equipment	Flue Size	Type of Heat:	<input type="checkbox"/> Oil	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> LP Gas	<input type="checkbox"/> H.P.	<input type="checkbox"/> Other _____
Furnace		Type of water heater:	<input type="checkbox"/> Oil	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> LP Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other _____
Fireplace							

Plumbing

Kitchen sinks ___ Dishwashers ___ Garbage disposals ___ Clothes washers ___ Laundry Tubs/standpipes _____

Lavatories ___ Water Closets ___ Bath tubs ___ Showers ___ Bidet ___ Hot tubs _____ Other _____

Electrical

Main service: _____ amperes Ranges _____ Heaters _____ Fixtures _____ Switches _____ Outlets _____ GFCI _____ Other _____
 Sub-Panel: _____ amperes

IMPERVIOUS COVERAGE DATA (all values should be expressed in square feet)

1. Original Lot Size	
2. Original Impervious Coverage	
3. Percentage of Original Impervious Coverage (#2 divided by #1)	
4. Additional Impervious Coverage	
5. Percent Total Proposed Impervious Coverage (#2 + #4 divided by #1)	

Notes:

R-1 zoning district maximum impervious coverage is 20%. (170-602)

R-2 zoning district maximum impervious coverage is 20% if property is not on public water *and* public sewer; 25% if it is. (170-702)

Swimming pool coverage includes the pool area *and* surrounding apron.

All driveways, walkways, and patios on the property are to be considered impervious surfaces. (170-201)

VALUATION: Contract Price \$ _____ (cost of all subcontracts, labor, and materials)

Note: If Owner acts as contractor, then the fair market value of this project will be estimated by the Building Code Official.

IDENTIFICATION OF PROPERTY BOUNDARY LINES IS THE RESPONSIBILITY OF THE PROPERTY OWNER. THE TOWNSHIP DOES NOT ATTEMPT TO IDENTIFY, OR BE RESPONSIBLE FOR IDENTIFICATION OF PROPERTY BOUNDARY LINES.

THE PROPERTY LINES CLOSEST TO THE STRUCTURE MUST BE STAKED OUT AND IDENTIFIED BY THE OWNER FOR INSPECTION BY THE BUILDING INSPECTOR. A PHOTOGRAPH OF THE STAKED LINES WILL BE TAKEN BY THE INSPECTOR AND RETAINED IN THE PROPERTY PARCEL FILE. THE SITE INSPECTION WILL BE PERFORMED BY THE BUILDING INSPECTOR BEFORE THE PERMIT CAN BE ISSUED.

If this application includes the possibility of a second kitchen, it should be noted that any future use of the modified areas as a second dwelling unit is prohibited.

SIGNATURE OF OWNER _____

Date _____

I hereby acknowledge that I have read and understand this application and state that the above is correct and I agree to comply with all the provisions of the ICC/IRC 2009 CODE for one and two family dwellings, the PENNSYLVANIA UNIFORM CONSTRUCTION CODE, and all codes and zoning ordinances of Westtown Township.

SIGNATURE OF APPLICANT _____

Date _____

PRINT NAME _____

-----DO NOT WRITE BELOW THIS LINE-----

PERMIT APPROVAL

Building Inspector/Zoning Officer _____ Date _____

Board of Supervisors _____ Date _____

CERTIFICATE OF OCCUPANCY – This is to certify that the building and/or property above was completed in accordance with all application regulations and is permitted to be use as a _____ in accordance with the provisions of the Westtown Township Building Code and Ordinances.

Special stipulations OR variance OR special exceptions. SEE ATTACHED.

Zoning Officer _____ Building Inspector _____ Date _____

REQUIRED INSPECTIONS

Site Inspection	Plan Review	Footer	Foundation	Water-proofing	Backfill	Framing	Fire Caulking	Insulation
Sanitary Sewer	Int. Plumbing	Wallboard	Rough Electric	Final Electric	Final	C/O		

**WESTTOWN TOWNSHIP
BUILDING SET BACK REQUIREMENTS**

(Accessory structures/buildings are not permitted in front yards.)

	Lot Size	Building Setback	Side Setback	Rear Setback
A/C District				
Single Family	2 acres	50 feet*	50 feet	50 feet
R-1 District				
Single Family	1 acre	60 feet*	25 feet	50 feet
R-2 District	Varies	40 feet**	10 foot min. 30' combined	30 feet
COMMERCIAL	2 acres	50 feet	15 feet ***	50 feet
Swimming Pool (side or rear yard only)				
A/C, R-1, R-2			25 feet	25 feet
Pool Equipment			15 feet	15 feet
Garden Shed (max 12' height & not more than 250 sq. feet)				
A/C, R-1, R-2			15 feet	15 feet

NOTES:

* 100 foot setback from Routes 202 and 3

** 100 foot setback from Routes 202 & 3, 60 foot setback from Routes 926 & 352

*** 50 foot setback from Routes 202 & 3, 30 foot setback from Routes 926 & 352

Please also check your property deed or Homeowners Association, as they may have other requirements pertaining to sheds, swimming pools, and accessory structures.

MANDATORY WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

(Attach to building permit application)

A. The applicant is: Contractor Architect Homeowner Other _____

Name of applicant: _____

Federal, state employer or tax identification number: _____

B. The applicant is a contractor within the meaning of the Pennsylvania Workers' compensation law.

Yes If the answer is "Yes", then complete **Section C** below.

No If the answer is "No", then complete **Section D** below.

C. Insurance information

The applicant is a qualified self-insurer for workers' compensation. Certificate attached

Name of workers' compensation insurer: _____

Workers' compensation insurance policy number (Certificate attached): _____

Policy expiration date: _____

The undersigned deposes and says that the information set forth above is true and correct to the best of their knowledge, information and belief of the undersigned and that such is given subject to the penalties of 18 PaC.S., § 4904, relating to unsworn falsification to authorities.

Signature of applicant: _____

D. Exemption

Complete this section if the applicant is a contractor 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 provisions of the Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

Contractor/homeowner with no employees. Contractor/homeowner prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor/homeowner provides proof of insurance as required by **Section C** above.

Religious exemption under the Workers' Compensation Law.
