

**THORNBURY TOWNSHIP
CHESTER COUNTY**

8 Township Drive, Cheyney, PA 19319

Phone: 610-399-1425

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BUILDING PERMIT APPLICATION AND INSPECTION PROCEDURES

The attached **UNIFORM CONSTRUCTION PERMIT APPLICATION** must be completed and signed by the applicant and returned to the Building Permit Coordinator at the Township Office for processing. The following documentation shall be furnished, with the application, at the time of submission:

- 1. Completed Workman's Compensation form.
- 2. Contractor's Certificate of Insurance.
- 3. Two (2) complete sets of the all Construction Documents prepared by the design professional responsible for those documents (construction plans, specifications, structural calculations, etc., as required by the UCC).
- 4. Two (2) complete sets of Soil and Erosion Control Plans, including grading, if applicable.
- 5. Two (2) complete sets of Stormwater Management Plans, If applicable.
- 6. Approved Well Permit from the Chester County Health Department, if applicable.
- 7. Approved Sewage Disposal Permit from the Chester County Health Department, If applicable.
- 8. Approval letter from the Chester County Conservation District of the Soil and Erosion Control Plan (covers sediment control during construction.
- 9. Street Opening Permit, if applicable.

A Plot Plan shall be furnished with the application showing the exact locations of all existing buildings, structures, driveways, sewage disposal fields wells and storm water devices.

All submitted documents shall be reviewed by the Township Zoning Officer for compliance with the Township Zoning Code and by the Township Building Code Official for compliance with the Pennsylvania Uniform Construction Code (UCC). Residential plans shall be approved or denied within 15 working days and commercial plans shall be approved or denied within 30 working days.

When applicable, as determined by the Township Building Code Official and/or Zoning Officer, the Township Engineer shall examine the lot and advise the applicant if any further measures are needed to address stormwater runoff control problems after construction is complete.

INSPECTIONS

The Building Code Official shall inspect all permitted work as necessary, during construction and following completion of the work, to ensure compliance with the minimum requirements of the UCC. The following list of inspections represents the minimum number of inspections required for a new Single Family Dwelling under the Pennsylvania Uniform Construction Code.

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

1) Setback

Performed after the lot has been staked out to ensure that the structure is laid out within the building envelope.

2) 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)

3) 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 of approved plan. Also confirm that first floor deck is in place or walls are properly braced or no more than 4' of backfill.

4) 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.

5) Energy Conservation

Insulation, tyvek (building wrap), window/door flashing, NFRC ratings for all fenestration - record to confirm compliance

6) Drywall

Performed as the lay-up begins, to check fastening and fit; return if necessary for follow-up.

7) Final

Perform final review of all systems: plumbing, mechanical, electrical, check total building, basement insulation, Energy Conservation sticker in electric panel, and finish, confirm that grading (and landscaping) conforms to approved land plan.

The Building Code Official shall require such other inspections as he shall deem necessary to assure that the permitted work is done in compliance with the approved plans and with the UCC. All specialized construction and/or equipment shall be inspected and approved by an inspector with the proper certifications, e.g., masonry fireplaces and chimney, commercial cooking hood with fire suppression, automatic sprinkler systems, etc.

PLEASE NOTE:

A \$60.00 Re-inspection fee shall be charged for all failed inspections. Re-inspection fees shall be paid in full before work will be re-inspected.

Time Limit of Permit: §403.43. Grant, denial and effect of permits.

(g) A permit becomes invalid unless the authorized construction work begins within 180 days after the permits issuance or if the authorized construction work permit is suspended or abandoned for 180 days after the work has commenced. A permit holder may submit a written request for an extension of time to commence construction for just cause. The building code official may grant extensions of time to commence construction in writing. A permit may be valid for no more than 5 years from its issue date.

Certificate of Occupancy: § 403.46. Certificate of occupancy.

(a) A building, structure or facility may not be used or occupied without a certificate of occupancy issued by a building code official.

(b) A building code official shall issue a certificate of occupancy within 5 business days after receipt of a final inspection report that indicates compliance with the Uniform Construction Code.

*(c) A building code official may issue a **certificate of occupancy for a portion of a building**, structure or faculty if the portion independently meets the Uniform Construction Code.*

*(a) A building code official may issue a **temporary certificate of occupancy** for a portion or portions of the building or structure before the completion of the entire work covered by the permit if the portion or portions may be occupied safely. The building code official shall set a time period during which the temporary certificate of occupancy is valid.*

All permitted work must pass a Final Inspection and receive Certificate of Occupancy as required by the UCC.

**UNIFORM CONSTRUCTION PERMIT APPLICATION
THORNBURY TOWNSHIP, CHESTER COUNTY**

****Required information***

***Date of Application** _____ **Permit #** _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT

*Parcel/Site Address: _____
 Tax Parcel ID # _____ Block _____ Unit _____
 Lot # _____ Subdivision/Land Development: _____ Phase: _____ Section: _____

*Owner: _____ *Phone # _____ Fax # _____
 *Owner Address: _____ *City: _____ *State: _____ *Zip: _____
 *Applicant: _____ *Phone# _____ Fax# _____
 *Applicant Address: _____ *City: _____ *State: _____ *Zip: _____
 *Contractor: _____ *Phone# _____ Fax # _____
 *Contractor Address: _____ *City: _____ Fax# _____

Architect/Engineer: _____ Phone# _____ Fax# _____
 Arch/Engr Address: _____ City: _____ State: _____ Zip: _____

*TYPE OF WORK OR IMPROVEMENT (Check All That Apply)
 New Building | Addition | Alteration | Repair | Demolition | Accessibility | Change of Use | Relocation
 *PERMIT INSERTS ENCLOSED (Check All That Apply)
 Building | Electrical | Mechanical | Plumbing | Residential |
 Deck | Fence | Shed | Swimming Pool |
 Commercial License | Rental License | Road Opening | Sign | Zoning |

USE/OCCUPANCY CLASSIFICATION (Check All That Apply)

A-1 A-2 A-3 A-4 A-5 B E
 F-1 F-2 H-1 H-2 H-3 H-4 H-5
 I-1 I-2 I-3 I-4 M R-1 R-2
 R-3 R-4 S-1 S-2 U

***DESCRIBE THE PROPOSED WORK:** _____

***ESTIMATED COST OF CONSTRUCTION** (reasonable fair market value) \$ _____

PERMIT FEE: \$ _____ (all permits) + (C of O) + \$4.00 (UCC FEE) = \$ _____

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL

- Hotels (R-1)
- Multi-Family (R-2)
- One-Family Dwelling (R-3)
- Two-Family Dwelling (R-3)
- Res. Care/Assisted Living (R-4)

NON-RESIDENTIAL

Use Group: _____
 Change in Use: Yes No
 If YES, Indicate Former: _____
 Maximum Occupancy Load: _____
 Maximum Live Load: _____

Sq. ft. of conditioned space		Floor area new construction (sq. ft.)	
Sq. ft. of unconditioned space		Floor area of addition (sq. ft.)	
Number of stories above grade		Floor area renovated (sq. ft.)	
Does it have a basement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of multi-family dwelling units	
Total floor area (sq. ft.)		# of accessible dwelling units	

***ZONING COMPLIANCE**

Does municipality have a zoning ordinance? Yes No
If "yes," has zoning permit been obtained? Yes No Date_____

Minimum setbacks required by zoning ordinance (ft):
Front_____ Rear_____ Right Side _____ Left Side_____

***BUILDING SITE CHARACTERISTICS**

Number of Residential Dwelling Units:_____ Existing,_____ Proposed
Mechanical: Indicate Type of HVAC System (Hot Air, etc.) and Fuel (i.e., electric, gas, etc.)
Type:_____

Fuel:_____

Water Service: (Check) Public Private
Sewer Service: (Check) Public Private (Septic Permit # _____)
 Gas Service Private (Propane)

***BUILDING SPECIAL FEATURES**

Fireplace(s): Number _____ Type of Fuel _____ BTU's _____ Type Vent _____
Elevator/Escalators/Lifts/Moving walks: (Check) YES NO
Sprinkler System: YES NO
Pressure Vessels: YES NO
Refrigeration Systems: YES NO

***BUILDING DIMENSIONS**

Existing Building Area: _____ sq. ft. Number Of Stories: _____
Proposed Building Area: _____ sq. ft. Height of Structure Above Grade: _____ ft.
Total Building Area: _____ sq. ft. Area of the Largest Floor: _____ sq. ft.

***FLOODPLAIN**

Is the site located within an identified flood plain area? (Check One) YES NO N/A
Will any portion of the flood plain area be developed? (Check One) YES NO N/A

If "yes," attach one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3 (d).

***WETLANDS**

Is the site located within an Identified wetland area? (Check One) YES NO N/A
Will any portion of the wetland area be developed? (Check One) YES NO N/A

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the Commonwealth of Pennsylvania Department of Environmental Protection (25 Pa. Code Chapter 105).

FOR CODE ADMINISTRATOR USE ONLY

ADDITIONAL PERMITS/APPROVALS REQUIRED:

<input type="checkbox"/> STREET CUT/DRIVEWAY-----	APPROVED _____
<input type="checkbox"/> CUT AND FILL-----	APPROVED _____
<input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY-----	APPROVED _____
<input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN-----	APPROVED _____
<input type="checkbox"/> SEWER CONNECTION-----	APPROVED _____
<input type="checkbox"/> ON-LOT SEPTIC-----	APPROVED _____
<input type="checkbox"/> ZONING-----	APPROVED _____
<input type="checkbox"/> HARB-----	APPROVED _____
<input type="checkbox"/> OTHER-----	APPROVED _____

APPROVALS:

BUILDING PERMIT DENIED:	Date: _____	Date Returned _____
BUILDING PERMIT APPROVED:	_____	Date _____
CODE ADMINISTRATOR _____		
Date Issued _____	Date Expires _____	PERMIT# _____
BUILDING PERMIT FEE \$ _____		RECEIPT# _____
PLUMBING PERMIT (if appl.) _____		RECEIPT# _____
MECHANICAL PERMIT (if appl.) _____		RECEIPT# _____
ELECTRICAL PERMIT (if appl.) _____		RECEIPT# _____

PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

Type of document:	Submitted	Signed & Sealed	Date:	Revision Date:
Geotechnical Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Foundation Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Construction Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Plumbing Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Workers Comp. Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Plans Reviewed by _____		PA Reg & Cert# _____		
Accessibility Rev'd by: _____		PA Reg & Cert# _____		

DATE STAMP:

APPLICATION RECEIVED	REVIEWS COMPLETED	PERMITS APPROVED
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Applicant's Certification:

As the owner or the authorized agent of the project for which this application is filed, I certify that:

1. The applicant certifies that description of use, estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc.
3. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from Thornbury Township.
4. This project will be constructed and the work will be completed in accordance with the "approved" construction documents and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405, and any additional approved building code requirements adopted by the Municipality.
5. Any changes to the approved documents will be filed with Thornbury Township.
6. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to Thornbury Township.
7. No error or omission in either the drawings and specifications or application, whether approved or not, or issuance of a permit shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405 and any additional approved building code requirements adopted by the Municipality.
8. If signed by someone other than the construction owner, this work has been authorized by the owner of record and I have been authorized by the owner to complete this application on his behalf. I will be acting on behalf of the owner as:

ARCHITECT
 ENGINEER
 CONTRACTOR
 AGENT/OTHER:

9. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

APPLICANT MUST COMPLETE THE ENTIRE SECTION BELOW:

* **OWNER** **OTHER** *INDICATE* (Architect Engineer Contractor Agent/Other)

*Applicant signature

*Name (typed or printed)

*Phone Number

Fax Number

email

*Mailing Address:

MECHANICAL PERMIT – NLM ENTRIES (OMIT FROM MULTIPLE SHEETS)				
Improvement Code:	_____			
Improvement Type:	_____	Number of Units:	_____	
Location:	_____			
Between:	_____	And	_____	
Zoning District:	_____	Subdivision:	_____	
Lot Size:	_____	Building Dimensions:	_____	
Construction Type:	_____	Use Group:	_____	
Basement Walls/ Foundation:	_____			
Total Square Feet:	_____	Cost:	\$ _____	
Remarks/Notes:	_____			
MECHANICAL PERMIT – CODE COMPLIANCE INFORMATION				
Building Code-New Construction	Existing Building	**IEBC-Compliance Method		
<input type="checkbox"/> Int'l. Mechanical Code	<input type="checkbox"/> Int'l. Mechanical Code	<input type="checkbox"/> Prescriptive		
<input type="checkbox"/> Int'l. Residential Code	<input type="checkbox"/> Int'l. Residential Code	<input type="checkbox"/> Classification of Work		
	<input type="checkbox"/> Int'l. Existing Building Code**	<input type="checkbox"/> Performance		
Construction Documents:	<input type="checkbox"/> Not Required	<input type="checkbox"/> Waived		
<input type="checkbox"/> Required	<input type="checkbox"/> Documents Signed & Sealed (if required)			
<input type="checkbox"/> Required Documents Submitted				
MECHANICAL DEVICES/SYSTEMS				
FIXTURE	QTY		FIXTURE	QTY
Boiler		Fireplace, Masonry	Sauna Heater	
Clothes Dryer		Fireplace, Solid Fuel	Smoke Control System	
Cooking Appliance		Fuel Oil System (incl. tank)	Steam Blowoff Valve	
Exhaust, Hazardous		Furnace	Ventilation System	
Exhaust Kitchen (Hood)		Incinerator/Crematory	Water Heater	
Expansion Tank		Kiln, Ceramic		
Fire Suppression System		Machinery Room		
Fireplace, Insert		Refrigeration System		
SUBTOTAL		SUBTOTAL	SUBTOTAL	
TOTAL NUMBER OF DEVICES/SYSTEMS =				

Certifications:

*Owner Name (typed or printed) _____

*Signature _____

*Contractor Name (typed or printed) _____

*Signature _____

*Design Professional of Record (typed or printed) _____

*Signature _____

ELECTRICAL PERMIT – NLM ENTRIES (OMIT FROM MULTIPLE SHEETS)

Improvement Code: _____

Improvement Type: _____

Number of Units: _____

Location: _____

Between: _____

And _____

Zoning District: _____

Subdivision: _____

Lot Size: _____

Building Dimensions: _____

Construction Type: _____

Use Group _____

Basement Walls/
Foundation: _____

Total Square Feet: _____

Cost: \$ _____

Remarks/Notes: _____

ELECTRICAL PERMIT – CODE COMPLIANCE INFORMATION**Building Code-New Construction****Existing Building******IEBC-Compliance Method**

-
- ICC Electrical Code/NEC
-
-
- Int'l. Residential Code

-
- ICC Electrical Code/NEC
-
-
- Int'l. Residential Code
-
-
- Int'l. Existing Building Code**

-
- Prescriptive
-
-
- Classification of Work
-
-
- Performance

Service(s):

Overhead: _____ Underground: _____

Service Ent. Cable Size: _____ Voltage: _____ Amperage: _____

Panel Size: _____ No. of Poles: _____ Mains: _____

Branch Circuits:

Qty 15 Amp: _____ Conductor: _____ Qty 20 Amp: _____ Conductor: _____

Qty 30 Amp: _____ Conductor: _____ Qty 40 Amp: _____ Conductor: _____

Qty 50 Amp: _____ Conductor: _____ Qty Other: _____ Conductor: _____

Feeders:

Amperage: _____ Conductor: _____ Amperage: _____ Conductor: _____

Branch Circuits:

Qty: _____ Amp: _____ Conductor: _____ Qty: _____ Amp: _____ Conductor: _____

Feeders:

Amperage: _____ Conductor: _____ Amperage: _____ Conductor: _____

Construction Documents:

-
- Required
-
- Not Required
-
- Waived
-
-
- Required Documents Submitted
-
- Documents Signed & Sealed (if required)

Certifications:	
_____	_____
*Owner Name (typed or printed)	*Signature
_____	_____
*Contractor Name (typed or printed)	*Signature
_____	_____
*Design Professional of Record (typed or printed)	*Signature

BUILDING PERMIT – NLM ENTRIES

Improvement Code:	_____		
Improvement Type:	_____	Number of Units:	_____
Location:	_____		
Between:	_____	And	_____
Zoning District:	_____	Subdivision:	_____
Lot Size:	_____	Building Dimensions:	_____
Construction Type:	_____	Use Group	_____
Basement Walls/ Foundation:	_____		
Total Square Feet:	_____	Cost:	\$ _____
Remarks/Notes:	_____		

BUILDING PERMIT – CODE COMPLIANCE INFORMATION

Building Code – New Construction	Existing Building	**IEBC-Compliance Method
<input type="checkbox"/> Int'l. Building Code	<input type="checkbox"/> Int'l. Building Code	<input type="checkbox"/> Prescriptive
<input type="checkbox"/> Int'l. Residential Code	<input type="checkbox"/> Int'l. Residential Code	<input type="checkbox"/> Classification of Work
	<input type="checkbox"/> Int'l. Existing Building Code **	<input type="checkbox"/> Performance
Use & Occupancy Classification (Ref. Chapter 3 & 4, IBC):		
Principal Use(s): _____	Accessory Use(s): _____	
Mixed Use(s): _____	Incidental Use(s): _____	
Special Requirements: _____		
Building Height		
Number of Stories _____	Number Below Grade _____	
Number Above Grade _____		
Building Area:		
Footprint _____	First Floor _____	All Floors _____
Type(s) of Construction (Check All That Apply):		
Ref. Chapter 6, IBC: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB		
Fire Protection Systems (Ref. Chapter 6, IBC):		
<input type="checkbox"/> Automatic Sprinkler	<input type="checkbox"/> Alt. Automatic Fire-Extinguishing Sys	
<input type="checkbox"/> Standpipe System	<input type="checkbox"/> Fire Alarm & Detection System	
<input type="checkbox"/> Fire Command Center	<input type="checkbox"/> Other _____	

Construction Documents:
 Required
 Required Documents Submitted

 Not Required
 Documents Signed & Sealed (if required)

 Waived
Certifications:

*Owner Name (typed or printed) _____

*Signature _____

*Contractor Name (typed or printed) _____

*Signature _____

*Design Professional of Record (typed or printed) _____

*Signature _____

PLUMBING PERMIT – NLM ENTIRES (OMIT FROM MULTIPLE SHEETS)

Improvement Code:	_____		
Improvement Type:	_____	Number of Units:	_____
Location:	_____		
Between:	_____	And	_____
Zoning District:	_____	Subdivision:	_____
Lot Size:	_____	Building Dimensions:	_____
Construction Type:	_____	Use Group	_____
Basement Walls/ Foundation:	_____		
Total Square Feet:	_____	Cost:	\$ _____
Remarks/Notes:	_____		

PLUMBING PERMIT – CODE COMPLIANCE INFORMATION**Building Code – New Construction**
 Int'l. Plumbing Code
 Int'l. Residential Code
 New Gas Service
Existing Building
 Int'l. Plumbing Code
 Int'l. Residential Code
 Int'l. Existing Building Code **
****IEBC-Compliance Method**
 Prescriptive
 Classification of Work
 Performance
Construction Documents:
 Required Not Required Waived Int'l. Fuel Gas Code Box
 Required Documents Submitted Documents Signed & Sealed (if required)

 New Construction New Water/Sewer Service Alteration Repair Addition Moved Structure
PLUMBING FIXTURE LIST

FIXTURE	QTY		QTY	FIXTURE	QTY	FIXTURE	QTY
Area Drain		Disposal		Laundry Tub		Trough Drain	
Basin		Drain, Floor		Lavatory		Tub/Shower	
Bathtub		Drain, Pool		Sewage Ejector		Urinal	
Bidet		Drain, Roof		Shower		Water Closet	
Catch Basin		Drinking Fountain		Sink		Water Heater	
Clothes Washer		Grease Trap		Sink, Mop		Misc.	
Dental Unit		Interceptor		Steam Bath			

Dishwasher		Hose Bibb (over 2)		Sump Pump			
SUBTOTAL		SUBTOTAL		SUBTOTAL		SUBTOTAL	
TOTAL NUMBER OF FIXTURES =							
Certifications:							
*Owner Name (typed or printed)				*Signature			
*Contractor Name (typed or printed)				*Signature			
*Design Professional of Record (typed or printed)				*Signature			

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 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 and 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 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. Thanks you for your anticipated cooperation.

