

**Thornbury Township**  
**Chester County**  
**DECK PERMIT**

**Requirements**

1. Proof of ownership or authorized agent representing property is required.
2. The applicant must complete a Uniform Zoning/Construction Permit Application (attached). All questions must be completed since all information provided determines issuance of the permit.
3. Detailed Deck Plans and list of Materials must be submitted with the application.
4. A Plot Plan on a separate sheet showing size and location of all structures, either on-lot sewage or public sewer tie in, on-lot water well and distance to property lines (hand drawn is acceptable).
5. Copy of Workers' Compensation Certificate. (See attached form)
6. An Electrical Permit is required if doing electrical work with the deck.
7. The applicant should have stakes placed at the corners where the deck is to be built. The building inspector will do a stakeout inspection.
8. Most decks require 4 to 6 inspections.
9. A Certificate of Occupancy is required for all permits. Work must begin within six (6) months of permit being issued or a new permit is required.
10. A minimum of twenty-four (24) hours notice is required for all inspections.

**PLEASE NOTE: there will be an \$85.00 fee for each failed inspection (\$125.00 for commercial applications)**

Payment is required upon issuance of permit and prior to construction. All fees shall be payable to the Municipality.

Residential permits shall be granted or refused within 15 business days and Commercial permits shall be granted or refused within 30 business days as per the Uniform Construction Code requirements after the written application has been submitted and determined complete. **LTL makes every effort to process and issue residential permits within 10 working days. Questions regarding permits can be directed to LTL @ 610-987-9290 or 888-987-8886.**

**Remember PA One-Call before excavating; simply dial 811, or [www.paonecall.org](http://www.paonecall.org).**

**Thornbury Township, Chester County Pennsylvania**

8 Township Drive, Cheyney, PA 19319

Phone: 610-399-1425 Fax: 610-399-6714

**ZONING/UNIFORM CONSTRUCTION PERMIT APPLICATION**

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

*(any address should include street, city, state & zip code)*

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Site Address: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Lot # \_\_\_\_\_

Subdivision / Land Development Name: \_\_\_\_\_

Owner/Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

PA Contractor Registration #: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENT**

- New Building     Addition     Alteration     Repair     Demolition     Relocation     Sign  
 Foundation Only     Change of Use     Plumbing     Mechanical     Electrical     Other

Describe the proposed work \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION *(Reasonable fair market value)* \$ \_\_\_\_\_

**DESCRIPTION OF BUILDING USE *(Check One)***

RESIDENTIAL OR ACCESSORY THERETO

One-Family Dwelling (R-3)

Two-Family Dwelling (R-3)

NON-RESIDENTIAL

Specific Use: \_\_\_\_\_

Use Group: \_\_\_\_\_

Change in Use:     Yes     No

If YES, Indicate Former: \_\_\_\_\_

**BUILDING/SITE CHARACTERISTICS**

Number of Residential Dwelling Units: \_\_\_\_\_ Existing, \_\_\_\_\_ Proposed

Water Service: *(Check One)*     Public (Copy of Authority approval)  
 Private (County Permit Approval if required)

Sewer Service: *(Check One)*     Public (Copy of Authority approval)  
 Private (Septic Permit # \_\_\_\_\_)

**BUILDING DIMENSIONS**

Existing Building Area: \_\_\_\_\_ Sq. Ft.

Proposed Building Area: \_\_\_\_\_ Sq. Ft.

Total Building Area: \_\_\_\_\_ Sq. Ft.

Number of Stories: \_\_\_\_\_

Height of Structure Above Grade: \_\_\_\_\_ Ft

Area of Largest Floor: \_\_\_\_\_ Sq. Ft.

**FLOODPLAIN**

Is the site located within an identified flood hazard area? (Check One)  Yes  No  
Will any portion of the flood hazard area be developed? (Check One)  Yes  No  N/A

Owner/Agent shall verify that any proposed construction and/or development 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

Lowest Floor Level: \_\_\_\_\_

**HISTORIC DISTRICT**

Is the site located within a Historic District?  Yes  No

*If construction is proposed within a Historic District, a certificate of appropriateness may be required by the Municipality.*

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents, PA Act 45 of 1999 (Uniform Construction Code), Act 247 of 1968 as amended (Municipalities Planning 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, rights-of-way, 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 or the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations and is responsible for all review costs incurred for the proposed project.

Application for a permit shall 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.

**I certify 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.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Directions to Site

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_

Permit #'s \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REFER TO CHECKLIST TO DETERMINE ADDITIONAL APPLICATION REQUIREMENTS**

Approved by: _____ <div style="text-align: center; margin-top: 5px;">Inspector</div>	_____ <div style="text-align: center; margin-top: 5px;">Date</div>
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**MANDATORY WORKER'S COMPENSATION  
INSURANCE COVERAGE INFORMATION  
(Attach to Building Permit Application)**

A. **Applicant:**  
 Name if Applicant: \_\_\_\_\_  
 Federal or State Employer or Tax Identification No: \_\_\_\_\_

B. **The Applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation Law:**       Yes       No  
 If the answer is "yes" – complete section C below.  
 If the answer is "no" – complete section D below.

C. **Insurance Information**  
 Applicant is a qualified self-insurer for worker's compensation  
 Certificate Attached  
 Name of Worker's Compensation Insurer: \_\_\_\_\_  
 Worker's Compensation Insurance Policy No: \_\_\_\_\_  
 Policy Expiration Date: \_\_\_\_\_  
 Certificate Attached

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

Applicant: \_\_\_\_\_

D. **Exemption**  
 Complete this section if the applicant is a contractor claiming exemption from providing Worker's Compensation Insurance.  
 The undersigned swears or affirms the he/she is not required to provide Worker's Compensation Insurance under the provisions of Pennsylvania's Worker's 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 perm it unless contractor provides proof of insurance as required by Section C, above.  
 Religious exemption under Worker's Compensation Law.

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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.

## Required Items For Deck Permit

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### Plot plan must show the following information.

1. Septic field's location
2. Septic tanks location
3. Well location
4. Any other structures on the property
5. Distance from all structures to property lines

### Framing plan must show the following information.

1. Joist size and span
2. Post size and spacing
3. Beam size and span
4. Joist attachment to ledger board (hangers)
5. Joist attachment to beam (hurricane clips or hangers)
6. Footer size and depth (3x size of post)
7. Post attachment to beam
8. Ledger attachment to house (pattern and spacing and bolt type)
9. Post attachment to footer
10. Diagonal and lateral bracing
12. Deck guard posts attachment to floor joist
13. Show flashing detail (type of material and application)
14. Will the house have a bump out in the deck area?
15. Stairs plan showing stringer detail, tread width and riser height
16. Stringer attachment to deck
17. Stairs post attachment to stringer
18. Stairs hand rail detail
19. Stairs footer detail size and depth
20. Hand rail information size, height and location
21. Windows located on deck area
22. HOA approval letter required