



# **TOWNSHIP OF WEST GOSHEN**

## **COMMERCIAL CODE PACKAGE AND INSPECTION REQUIREMENTS**



## TOWNSHIP OF WEST GOSHEN

1025 PAOLI PIKE  
WEST CHESTER, PENNSYLVANIA 19380

PHONE: 610-696-5266  
FAX: 610-429-0616

### CODE LIST FOR WEST GOSHEN TOWNSHIP

The following are the current codes enforced by West Goshen Township:

- International Building Code, 2009 including
- International Existing Building Code, 2009
- International Fire Code, 2009
- International Residential Code, 2009
- International Plumbing Code, 2009
- International Electrical Code, 2009
- National Electric Code, 2008
- International Mechanical Code, 2009
- International Energy Conservation Code, 2009
- International Fuel Gas Code, 2009
- International Property Maintenance Code, 2009
- Other codes as referenced by the above codes

Land development and zoning approvals must be obtained prior to plan submission.

All permit applications shall include (2) two sets of ***original complete*** plans with the original seals from architect and engineers. The **Design Professional in Responsible Charge** must coordinate plan submission.

We will review and stamp each approved set of drawings. One set will be returned at the time the permit is ***picked up*** and must be kept on site.

**All submissions must be complete. A complete submission shall include Building, Mechanical, Plumbing, Use and Occupancy, and Electrical applications (if required), construction contracts, plans and completed checklist. Submissions missing any of these items will be rejected at the counter, or upon review by the Building Official.**

**Information submitted via fax machine will not be accepted.**

**Plan review will be 30 working days from the date of complete submission.**

## **REQUIRED COMMERCIAL CONSTRUCTION DOCUMENTS**

**All plans must be signed and sealed by the registered design professional responsible for this work**

**SITE PLAN:** Scaled drawing, which shows the size and location of all new construction and all existing structures on the site. Distances from structure(s) to lot lines and to other structures on site. Impervious and building coverage. Lease lines with parking analysis

**STORM WATER MANAGEMENT:** Scaled drawings for storm water quality controls showing details, size and location of facilities for all new impervious and building coverage on the site. Applicants that do not meet the requirements for storm water management exemption criterion must apply for a Soil Erosion and Sediment Control Permit.

**SOILS REPORT:** Results of soil investigation that determines the allowable soil bearing pressure to be used by the design professional in the foundation design. All New Buildings or additions to existing buildings.

**ACCESSIBILITY:** Provide a plan that shows all accessible features of building, including routes both interior and site, entrances and means of egress, areas of refuge, facilities and elevations, hardware, handrail ramps and other requirements for an accessible building per IBC and ICC/ANSI A 117.1.

**SPECIFICATIONS:** Requirements for submittal may vary on how much information is shown on the construction drawings.

**LIFE SAFETY:** Provide a plan that shows egress calculations, occupancy loads and uses for each room, travel distance, exit widths, emergency lighting and exit signs in accordance with **NFPA 101 and the IBC.**

**ARCHITECTURAL:** Dimensioned plans ¼ or 1/8 in. scale for each floor level that shows room layouts and use of space. Also includes elevation views; wall sections; schedules for window, door and finishes; stair dimension and details, such as, riser height, tread width, guard/handrail height and headroom dimension. Include all information used for building height or size increases. **Plans must be signed and sealed by the registered design professional responsible for this work.**

**P** **STRUCTURAL:** Typical floor and roof framing plans. The plan(s) shall include details of connections, size of members, materials to be used, allowable stresses and all the information required to erect the joists, beams, rafters, columns, or girders within the structure including calculations. **A registered engineer must seal all structural plans.**

**L** **FOUNDATION:** Included on the dimensioned plan are the allowable soil bearing pressure, the depth of the foundation, and the proposed materials to construct the foundation.

**A** **FIRE PROTECTION:** When required, the construction documents may include a submission for the automatic fire suppression system, the fire alarm system, the smoke control system, single/multiple station detectors, standpipes, fire department connections and fire extinguisher(s) size & location.

**N** **MECHANICAL:** Location, size and listed/labeled information for all equipment and appliances that comprise parts of the buildings mechanical system. Ventilation and exhaust calculations, schedules, supply and exhaust ductwork, chimney termination, materials, and any other information required completing the buildings HVAC system. **Plans must be signed and sealed by the registered design professional responsible for this work.**

**S** **PLUMBING:** Includes isometric riser diagrams for the potable water supply and the drain waste & vent systems with the location and materials specified for all the piping and fixtures within the plumbing system. Also details of special devices (backflow preventer, grease traps, etc.) shall be shown. Storm water drainage calculations and devices shall be included in the submission. **Floor drains may not be connected to the public sewer system. A sample manhole is required in all commercial and industrial installations. Plans must be signed and sealed by the registered design professional responsible for this work.**

**ELECTRICAL:** Construction documents shall be signed and sealed by the design professional, drawn to scale upon suitable material and shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that it will conform to the provisions of the electrical code and relevant laws, ordinances, rules and regulations, as determined by the code official. **Plans must be signed and sealed by the registered design professional responsible for this work and approved Third party agency.**

Construction documents shall indicate where penetrations will be made for electrical systems and shall indicate the materials and methods for maintaining required structural safety, fire-resistance rating and fireblocking. Electrical load calculation shall be prepared to determine if the existing electrical service has the capacity to serve the added load.

**TELE/DATA:** Construction documents shall be signed and sealed by the design professional, drawn to scale upon suitable material and shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that it will conform to the provisions of this code and relevant laws, ordinances, rules and regulations, as determined by the code official. **Plans must be signed and sealed by the registered design professional responsible for this work.**

Construction documents shall indicate where penetrations will be made for telecommunication systems and shall indicate the materials and methods for maintaining required structural safety, fire-resistance rating and fireblocking.

**USE & OCCUPANCY:** A change in Use or Occupancy of any commercial space requires the issuance of a Use and Occupancy permit from West Goshen Township.

For existing spaces undergoing a **change of tenant only** without any new work, an application with two sets of sealed drawings showing the layout of the space, emergency lighting and exit signs, locations of means of egress, occupancy loads and egress calculations are required.

**Changes in Use and occupancy requiring construction or changes in the Use Group of the building shall be subject to all provisions of the applicable codes.**

**ENERGY:** All plan submissions must include energy calculations, specifications and details based on the International Energy Code and using the Com-Check software program as applicable. Submission must include all calculations and checklists. The Program is free and downloadable from [http://www.energycodes.gov/comcheck/ez\\_download.stm](http://www.energycodes.gov/comcheck/ez_download.stm)

**NOTE:** See the PLAN SUBMISSION STANDARDS section for additional requirements.

# PLAN SUBMISSION STANDARDS: West Goshen Township, PA

**2003 International Building Code.** Code includes many sections that contain specific requirements for what should be included on the construction documents that are submitted with the application for permit. Building requirements are located but are not limited to the following chapters of the 2003 IBC:

<u>SECTION</u>	<u>SUBJECT MATTER</u>
Chapter 3	Use & Occupancy Classifications
Chapter 7	Fire-resistant Rated Construction
Chapter 9	Fire Protection Systems
Chapter 10	Means of Egress
Chapters 11 & Appendix E	Accessibility
Chapter 12	Interior Environment
Chapter 14	Exterior Walls
Chapter 15	Roofs Assemblies and Roof Top Structures
Chapter 16	Structural Design
Chapter 19	Concrete
Chapter 21	Masonry
Chapter 27	Electric Wiring, Equipment and Systems
Chapter 28	Mechanical Systems
Chapter 29	Plumbing Systems
Chapter 31	Special Construction
Chapter 33	Safeguards During Construction

***EXAMPLE: PLAN SUBMISSION STANDARDS***

Code Section (Ref.)	Description	Requirements
Chapter 7	Fire-resistant Materials and Construction	Type of Construction; fire-resistance ratings of structural elements and assemblies; materials and proposed methods for protection of joints and penetrations; fireblocking methods

## DESIGN PROFESSIONAL

A seal will be required for all commercial construction. Additional, a seal may be required for any of the following construction activities:

- Structural changes to an existing building.
- Alterations to an existing building.
- Engineered masonry construction.
- Soils reports.
- Caisson/pile foundation designs.
- Truss drawings.
- Special Inspections Program.
- Pole signs.
- Roof mounted satellite dishes equal to or greater than some established diameter.
- Ground mounted satellite dishes equal to or greater than some established diameter.
- In ground swimming pools.
- Plans for water based Fire Suppression Systems.

**Table PS-1**  
**Building Plan Submission Standards (Not limited to the following)**

<b>Code Reference</b>	<b>Requirement Description</b>	<b>Remarks</b>
Chapter 1	Sets Of Building Plans	<b>Provide Two (2) Sets Of Complete Building Plans:</b> Sealed By Registered Professional Engineer Or Architect.
Chapter 1	Application Pre-Requisite	Submit Completed Permit Applications With All Pre-Requisite Approvals. All Fees are to be collected prior to receiving approved permit.
Chapter 3	Use Group(s)	<b>Indicate Use Group(s) On The Plans.</b> If Multiple Uses, Indicate Location Of Each Use Group On The Floor Plans.
Chapter 5	Height and Area Limitations	Indicate Gross Floor Area Of Each Floor And Total Gross Floor Area Of Each Building; Allowable Floor Area including Area Modifications; Unlimited Area Provisions and Mezzanines. Show Height Above Grade In Feet And Number Of Stories, Allowable Height Including Modifications.
1004.0	Occupant Load	Show Occupancy Calculations Of Each Space and/or room.
Chapter 10	Means Of Egress	<b>Show Arrangement Of Egress:</b> Provide Capacity Calculations Indicating Required And Provided Widths Of Components. Show Maximum Travel and Dead End Distances. Provide Door & Hardware Schedule. <b>Show Stair Details:</b> Tread And Riser Dimensions; Handrail And Guard Details; Landing Dimensions; Door Swings; And Encroachments.
Chapter 11	Accessibility	Scoping Requirements, accessible routes, accessible entrances, special occupancies.
Chapter 14	Exterior Walls	Description of the exterior wall envelope indicating compliance; Flashing details; Details relating to intersections with dissimilar materials, corners, ends details, control joints, intersections at roof, eaves, or parapets, means of drainage, water-resistive membrane and details around openings.
Chapter 12	Interior Environment	<b>Room Schedule To Include:</b> Ventilation, Lighting, Temperature control, Interior room dimensions.
Chapter 7	Fire Resistive Construction	<b>Provide Design Numbers And Approved Testing Agency For All Components:</b> Structural Members; Exterior Walls; Floor/Ceiling And Roof/Ceiling Assemblies; Fire Walls; Fire Separation Assemblies, And Fire Partitions, Fire Blocking. <b>Show The Type And Location Of Protection Provided For Openings In The Following Areas:</b> Exterior Openings; Horizontal Protection; Fire Walls; Fire Separation Assemblies; Fire Partitions; Smoke Barriers; Floor Openings and Shaft Enclosure Walls. <b>Show The Type, Location And Degree Of Protection Provided:</b> Fire Door Assemblies; Fire Windows & Shutters; Fire Dampers; And Wired Glass.
Chapter 8	Interior Finish	<b>Provide The Flame Spread Parameters Of Interior Finishes:</b> General: Wall And Ceiling Finishes; And Floor Finishes.

**Table PS-2**  
**Structural Plan Submission Standards**

<b>Code Reference</b>	<b>Requirement Description</b>	<b>Remarks</b>
Chapter 18	Soils and Foundations	To Review The Structural Integrity Of The Foundation System, The Following Shall Be Included In The Application: Soil Analysis: Design Value, Test Borings: Depth of Footing and Type Of Foundation.
1603	Constructions Documents	Provide Fully Dimensioned Plans Containing All The Information Required Defining The Structural Members Proposed In The Design Of The Structure.
1604	Design Loads	Provide calculations for Snow, Wind, Drift loads, Seismic Loads.
Chapter 16	Design Calculations	Two (2) Copies Of The Calculations Sealed By A Registered Design Professional Shall Be Submitted With All Building Permit Applications For New Construction And Other Structural Work. Calculations Shall Include All Design Factors Listed In Chapter 16 That Contribute To The Calculations Of The Loads Applied To The Design Of The Structure.

**Table PS-3  
Fire Protection Systems Plan Submission Standards**

<b>Code Reference</b>	<b>Requirement Description</b>	<b>Remarks</b>
Chapter 9	Fire Protection Systems	Required Construction Documents. Area to be protected and type of system. Fire Alarm and Detection systems. Standpipe Systems. Fire Command Center.

**Table PS-4  
IMC 2003 Mechanical Plan Submission Standards**

<b>Code Reference</b>	<b>Requirement Description</b>	<b>Remarks</b>
106.3.1	Plans	Provide Two (2) Copies Of Sealed Mechanical Plans, engineering calculations, materials, diagrams and other data including manufacturers specifications. Plans must be to scale and show location of all penetrations for the mechanical system and associated piping. Fire stopping and structural protection.
Chapter 3	General Regulations	Equipment and locations, Installation, Piping support, condensate disposal, access and service space and heating and cooling load calculations.
Chapter 5	Exhaust systems	Clothes dryers, Domestic and commercial kitchen hoods, commercial kitchen makeup air, fire suppression systems.
Chapter 8	Chimneys and Vents	Provide The Location, Material, Termination Height And Clearance To Combustibles For Chimneys Shown On The Plans.



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### DEMOLITION OF STRUCTURES

**THE CONTRACTOR OR OWNER IS RESPONSIBLE TO COMPLY WITH THE DEP ASBESTOS REMOVAL PROGRAM. THE FORMS AND INSTRUCTIONS ARE LOCATED AT**

**[http://www.dep.state.pa.us/dep/deputate/AIRWASTE/AQ/asbestos/docs/2700\\_fm\\_aq0021\\_inst.doc](http://www.dep.state.pa.us/dep/deputate/AIRWASTE/AQ/asbestos/docs/2700_fm_aq0021_inst.doc)**

An extermination letter must accompany any application for demolition as well as a site plan showing the properties to be demolished. All Demolition work must comply with Chapter 33 of the IBC 2006, including but not limited to:

#### **3303.1 Construction documents.**

Construction documents and a schedule for demolition must be submitted. No work shall be done until such construction documents or schedule, or both, are approved.

#### **3303.2 Pedestrian protection.**

The work of demolishing any building shall not be commenced until pedestrian protection is in place as required by this chapter.

#### **3303.4 Vacant Lot.**

Where a structure has been demolished or removed, the vacant lot shall be filled and maintained to the existing grade or in accordance with the ordinances of the jurisdiction having authority.

#### **3303.5 Water accumulation.**

Provisions shall be made to prevent the accumulation of water or damage to any foundation on the premises or the adjoining property.

#### **3303.6 Utility connections:**

Before a structure is demolished or removed, the owner or agent shall notify all utilities having service connections within the structure such as water, electric, gas, sewer and other connections.

A permit to demolish or remove a structure shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner.

#### **3306.9 Adjacent to excavations**

Every demolition and/or excavation shall be enclosed with a barrier not less than 6 feet high. Barriers shall be of adequate strength to resist wind pressure as specified in Chapter 16.

### PROTECTION OF ADJOINING PROPERTY

#### **3307.1 Protection required.**

Adjoining public and private property shall be protected from damage during construction, remodeling and demolition work. Protection must be provided for footings, foundations, party walls, chimneys, skylights and roofs. Provisions shall be made to control water runoff and erosion during construction or demolition activities.

**Pedestrian protection must be inspected before demolition commences.**





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### Structural Design Information

The applicable building code is the **International Building Code, 2003.**

#### A. Snow Loads

- ◆ The ground snow load,  $P_g = 30$  PSF. (Figure 1608.2(2)).
- ◆ The snow exposure factor, Terrain Category B:  $C_e = 0.9$  (Table 1608.3.1).
- ◆ The snow importance factor, (Table 1604.5).
- ◆ Based on local practice, design roof snow load of 30 PSF plus drift.

#### B. Wind Loads

- ◆ The wind velocity = 90 MPH (Figure 1609).
- ◆ The wind importance factor, (Table 1604.5).
- ◆ The wind exposure factor = B (Section 1609.4 #1).

#### C. Seismic Requirements

Determined from the following code sections

- Sections 1614-1623

**Above information is provided as a courtesy and is not a substitute for engineering calculations.**



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### Commercial Inspection Requirements

#### West Goshen Township Code Enforcement Department

1. A minimum of **48 hours notice** shall be provided to the Building Inspector for the purpose of scheduling inspections.
2. Required inspections shall be as follows:
  - a. Footings, walls and slabs prior to placement of concrete. Concrete is not to be released until the inspection is completed and approved. An ACI certified technician must be on site for all concrete pours and conduct testing.
  - b. Foundation backfill. Backfill may not be completed until deck is installed or adequate bracing is installed.
  - c. **ELECTRICAL, SERVICE, ROUGH WIRING AND FINAL:** performed by an approved third party inspection agency. (List attached)
  - d. Plumbing Inspection, rough and final.
  - e. Framing of all walls, prior to concealment after all other trades have installed their material and passed their required inspections.
  - f. Insulation.
  - g. Fire stopping and wallboard inspection.
  - h. Health Department, (if applicable)
  - i. Fire protection inspection, (if applicable)
  - j. Final Inspection/Use and Occupancy Inspection. This inspection must be completed prior to the occupancy of the building. All other final inspections must be completed prior to scheduling this inspection.

**West Goshen Township may require other inspections as deemed necessary in the field.**

\* **Note:** Merchandising may be permitted with approval of the Building Inspector, but only after all Life Safety equipment has been tested and approved.

3. Special inspections shall be required for the following items:
  - a. Soils
  - b. Concrete Construction, including footings and slab placement, mix and proper strength (All cylinders and tests must be done by the testing agency's personnel)
  - c. Masonry
  - d. Steel
  - e. Welding
  - f. E.I.F.S. (if applicable)
  - g. Fire Proofing Material

Above inspections shall be conducted by an approved inspection agency.

4. Report requirement:

**Special inspectors shall keep records of all inspections. The special inspector shall furnish inspection reports to the code official on a daily basis, and to the registered design professional in responsible charge. All discrepancies shall be brought to the immediate attention of the contractor for correction and noted on the daily report. If the discrepancies are not corrected, the discrepancies shall be brought to the attention of the code official and to the registered design professional in responsible charge prior to the completion of that phase of the work.**

**A final report of inspections documenting completion of all required special inspections and correction of any discrepancies noted in the inspections shall be submitted prior to the issuance of a certificate of occupancy. Interim reports shall be submitted periodically at a frequency agreed upon by the permit applicant and the code official prior to the start of work.**

**All work shall be conducted in a professional and workmanlike manner consistent with all West Goshen Township Codes, as well as Pennsylvania and Federal Regulations.**

# WEST GOSHEN TOWNSHIP FEE SCHEDULE

*Effective April 1, 2011*

## Commercial, Retail, Office, Multi-Unit Dwelling Building Permits

Applications are available online at [www.westgoshen.org](http://www.westgoshen.org) under "Forms" or related services. To find the Code of Ordinances, go to "Links" on the homepage, then "Township Code Online".

**Surcharge: There is a \$4.00 State Mandated Fee attached to each permit. Submit contract or estimate with permit application. Calculated at 1% of the actual cost of construction, with a minimum fee. A fee with no established minimum depicts a flat fee.**

- |  |                         |
|--|-------------------------|
| 1. <b>New Construction– Multi-Unit dwellings (not including townhouses); buildings for commercial, retail, office, institutional or professional uses (but excluding professional office that is part of the practitioner’s own residence).</b>  | <b>\$350.00 Minimum</b> |
| 2. <b>Alterations, Additions, and Accessories</b><br><i>Soil &amp; Erosion Permits are required for stormwater quality control on additions more than 10% of total site area, or more than 2000 sq. ft. of additional impervious cover.</i>  | <b>\$350.00 Minimum</b> |
| 3. <b>New &amp; Replacement</b><br><b>Plumbing, HVAC, Alarms, Sprinklers, and any permanent systems</b>  | <b>\$200.00 Minimum</b> |
| 4. <b>Electrical</b><br><i>Inspections are performed by an approved third party agency.</i>  | <b>\$ 50.00</b>         |
| 5. <b>Re-Roofing (Structural Changes)</b>  | <b>\$350.00 Minimum</b> |
| 6. <b>Re-Roofing (Non-Structural)</b>  | <b>\$350.00</b>         |
| 7. <b>Temporary Trailers, Tents, and Buildings (limited to 6 months)</b>   | <b>\$150.00</b>         |
| 8. <b>Flagpoles</b>  | <b>\$350.00 Minimum</b> |
| 9. <b>Fence – Permit required only if fence exceeds 6 ft. in height</b>  | <b>\$350.00</b>         |
| 10. <b>Cell Towers (New)</b>   | <b>\$350.00 Minimum</b> |
| 11. <b>Antennae - Collocating on Existing Structure (fee based per antennae)</b>   | <b>\$150.00</b>         |
| 12. <b>Satellite Dish or similar structure</b>   | <b>\$150.00</b>         |
| 13. <b>Demolition (fee based per structure)</b>  | <b>\$150.00</b>         |
| 14. <b>Use &amp; Occupancy</b>   |                         |
| New Construction   | \$150.00                |
| Existing Building- Change of Use/Tenant  | \$ 75.00                |
| 15. <b>Signs</b>   | <b>\$ 50.00</b>         |
| Free standing signs over 6 feet  | \$350.00 Minimum        |
| 16. <b>Re-Inspections (any inspection beyond 2)</b>  | <b>\$ 75.00</b>         |
| If in the opinion of the Building Official, the construction for which an inspection has been requested is not ready for the inspection (beyond 2), such that the inspector has to reschedule the inspection, an additional fee shall be paid to the Township prior to the reinspection. |                         |
| 17. <b>Code Violations</b>   |                         |
| Starting construction without proper permits   | Permit fee is doubled   |

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**BUILDING AND ZONING PERMIT APPLICATION Page 1 of 2**

To alter, erect or use a structure, to use land in accordance with the Zoning Ordinance, Building Code, and all other pertinent ordinances of West Goshen Township, Chester County, Pennsylvania

Township use only <b>Permit #</b> _____ <b>Date:</b> _____ <b>Fee:</b> _____
---

Application for a permit to perform or construct (**GIVE COMPLETE description of work being done**): \_\_\_\_\_

**THIS SECTION MUST BE ANSWERED: INTENDED USE OF BUILDING:** \_\_\_\_\_ **COST OF CONST \$** \_\_\_\_\_

Site Address: \_\_\_\_\_ Tax Parcel # **52** - \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_ Square Footage: \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Is your property a corner lot?**  YES  NO  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Architect/Engineer:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Occupancy Type: (check one)**  Residential  Office/Business  Mercantile  Assembly  Utility  
 Industrial/Factory  Educational  Institutional  Storage  High Hazard

**Type of Work:**  New Building  Alteration  Addition  Repair  Demolition  Change in use  Roof  
 Other \_\_\_\_\_

New buildings and additions that are more than 10% of the total site area, or are more than 2000 sq. ft. of additional impervious cover require a Soil and Erosion Permit for stormwater quantity control.

**Shed** – Size \_\_\_\_\_ sq. ft. Height \_\_\_\_\_ ft. Residential only - Maximum 225 sq. ft. no higher than 10 ft.

**Pool** – (Circle One) In-Ground Above-Ground – Size \_\_\_\_\_ sq. ft. Max Depth \_\_\_\_\_ ft.  
Disturbing six inches or more of earth requires a Soil and Erosion Permit.

\*\* Pool barrier requirements and electrical inspection must be approved before pool is used \*\*

**Sign** – (Circle One) Freestanding Wall Roof Window

Size \_\_\_\_\_ Height \_\_\_\_\_ Area \_\_\_\_\_

Set Back, Right of Way \_\_\_\_\_ Right Side \_\_\_\_\_ Left Side \_\_\_\_\_

**Building/Site Characteristics:**

**Number of residential Dwelling Units:** \_\_\_\_\_ Existing, \_\_\_\_\_ Proposed

**Mechanical:** Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc.) \_\_\_\_\_

**Water Service:** (Check)  Public  Private

**Sewer Service:** (Check)  Public  Private (Septic Permit # \_\_\_\_\_)

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**BUILDING AND ZONING PERMIT APPLICATION Page 2 of 2**

Township use only <b>Permit #</b> _____ <b>Date:</b> _____
--

**Does or will your building contain any of the following:**

**Fireplace(s):** Number \_\_\_\_\_ Type of Fuel \_\_\_\_\_ Type of Vent \_\_\_\_\_

**Elevator/Escalators/Lifts/Moving walks:** (Check)  YES  NO

**Sprinkler System:**  YES  NO

**Pressure Vessels:**  YES  NO

**Refrigeration Systems:**  YES  NO

**Building/Lot Dimensions:**

Existing Building Area: _____ sq. ft.	Number of Stories: _____
Proposed Building Area: _____ sq. ft.	Height of Structure Above Grade: _____ sq. ft.
Total Building Area: _____ sq. ft.	Area of the Largest Floor: _____ sq. ft.
Total Impervious Area: _____ sq. ft.	Total Lot Area: _____ sq. ft.
Percentage of Total Building area on Lot: _____ %	
Percentage of Total Impervious Area on Lot: _____ %	

I certify that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and **PA Act 45 (Uniformed Construction Code)** and any additional applicable codes, ordinances and regulation of West Goshen Township. I understand 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 West Goshen Township or any other governing body. I certify that 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.

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

Signature of Contractor: \_\_\_\_\_ Contractor Print Name: \_\_\_\_\_

**Building Permit Denied:** Date \_\_\_\_\_ Date Returned \_\_\_\_\_

Reason Denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Building Permit Approved:** Date \_\_\_\_\_

\_\_\_\_\_  
**Building Code Official** \_\_\_\_\_ **Date** \_\_\_\_\_ **Zoning Officer** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Is this property in a flood plain?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (To be filled out by office)
---

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**ELECTRICAL PERMIT APPLICATION**

To alter, erect or use a structure, to use land in accordance with the Zoning Ordinance, Building Code, and all other pertinent ordinances of West Goshen Township, Chester County, Pennsylvania

<b>Township use only</b> <b>Permit #</b> _____ <b>Date:</b> _____ <b>Fee:</b> _____
--

Application for a permit to perform or install (give description of work being done): \_\_\_\_\_

Site Address: \_\_\_\_\_ Tax Parcel # **52** - \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_ **Cost of Electrical Construction:** \$ \_\_\_\_\_

**Owner:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Architect/Engineer:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Plans are required unless previously submitted with General Building Permit.**

**Occupancy Type: (check one)**  Residential  Office/Business  Mercantile  Assembly  Utility  Industrial/Factory  
 Educational  Institutional  Storage  High Hazard

**Type of Work:**  New Building  Alteration  Addition  Repair  Upgrade  Change in use  Tele/Data

**Service size:** \_\_\_\_\_ AMP **Inspection Agency:** \_\_\_\_\_

**Number of Fixtures:** Switches: \_\_\_\_\_ Smoke Detectors: \_\_\_\_\_ Lighting: \_\_\_\_\_ Receptacles: \_\_\_\_\_  
Tele/Data Boxes: \_\_\_\_\_ Total Number of Fixtures: \_\_\_\_\_

I certify that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and **PA Act 45 (Uniformed Construction Code)** and any additional applicable codes, ordinances and regulation of West Goshen Township. I understand 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 West Goshen Township or any other governing body. I certify that 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.

Applicant's Name \_\_\_\_\_ Phone @ \_\_\_\_\_

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

Signature of Contractor: \_\_\_\_\_ Contractor Print Name: \_\_\_\_\_

**Permit Denied:** Date \_\_\_\_\_ Date Returned \_\_\_\_\_

Reason Denied: \_\_\_\_\_

**Permit Approved:** Date \_\_\_\_\_

\_\_\_\_\_  
Building Code Official

\_\_\_\_\_  
Date

**BOARD OF SUPERVISORS  
WEST GOSHEN TOWNSHIP  
1025 PAOLI PIKE  
WEST CHESTER, PA 19380  
PHONE: 610-696-5266 FAX: 610-429-0616**

**MECHANICAL/HVAC PERMIT APPLICATION**

To alter, erect or use a structure, to use land in accordance with the Zoning Ordinance, Building Code, and all other pertinent ordinances of West Goshen Township, Chester County, Pennsylvania

<b>Township use only</b> <b>Permit #</b> _____ <b>Date:</b> _____ <b>Fee:</b> _____
--

Application for a permit to perform or install (give description of work being done): \_\_\_\_\_

Site Address: \_\_\_\_\_ Tax Parcel # **52** - \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_ **Cost of Mechanical Construction:** \$ \_\_\_\_\_

**Owner:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Architect/Engineer:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Plans are required unless previously submitted with General Building Permit.**

**Occupancy Type: (check one)**  Residential  Office/Business  Mercantile  Assembly  Utility  Industrial/Factory  Educational  Institutional  Storage  High Hazard

**Type of Work:**  New Building  Alteration  Addition  Repair  Upgrade  Change in use

**Fuel Source:** Electric: \_\_\_\_\_ Natural Gas: \_\_\_\_\_ Propane: \_\_\_\_\_ Oil: \_\_\_\_\_

I certify that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and **PA Act 45 (Uniformed Construction Code)** and any additional applicable codes, ordinances and regulation of West Goshen Township. I understand 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 West Goshen Township or any other governing body. I certify that 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.

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

Signature of Contractor: \_\_\_\_\_ Contractor Print Name: \_\_\_\_\_

**Permit Denied:** Date \_\_\_\_\_ Date Returned \_\_\_\_\_

Reason Denied: \_\_\_\_\_

**Permit Approved:** Date \_\_\_\_\_

\_\_\_\_\_  
Building Code Official

\_\_\_\_\_  
Date

**BOARD OF SUPERVISORS  
WEST GOSHEN TOWNSHIP  
1025 PAOLI PIKE  
WEST CHESTER, PA 19380  
PHONE: 610-696-5266 FAX: 610-429-0616**

**PLUMBING PERMIT APPLICATION**

To alter, erect or use a structure, to use land in accordance with the Zoning Ordinance, Building Code, and all other pertinent ordinances of West Goshen Township, Chester County, Pennsylvania

<b>Township use only</b> <b>Permit #</b> _____ <b>Date:</b> _____ <b>Fee:</b> _____
--

Application for a permit to perform or install (give description of work being done): \_\_\_\_\_

Site Address: \_\_\_\_\_ Tax Parcel # **52** - \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_ **Cost of Plumbing Construction:** \$ \_\_\_\_\_

**Owner:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Architect/Engineer:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Plans are required unless previously submitted with General Building Permit.**

**Occupancy Type: (check one)**  Residential  Office/Business  Mercantile  Assembly  Utility  Industrial/Factory  
 Educational  Institutional  Storage  High Hazard

**Type of Work:**  New Building  Alteration  Addition  Repair  Upgrade  Change in use

TYPE	NUMBER	TYPE	NUMBER
Stacks		Fountains (drinking)	
Sinks		Sump	
Baths		Shower	
Water Closets		Urinal	
Lavatory		Dishwashing Machine	
Tank and Heater		Humidifier	
Laundry Tray		Garbage Grinder	
Water Distribution System		Washing Machine	
Floor Drains		Special Waste	
Sewage Ejector		Rainwater Leaders	
Miscellaneous fixtures		<b>TOTAL</b>	

**FLOOR DRAINS MAY NOT BE CONNECTED TO THE PUBLIC SEWER SYSTEM**

**A SAMPLE MANHOLE IS REQUIRED IN ALL COMMERCIAL AND INDUSTRIAL INSTALLATIONS.**

I certify that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniformed Construction Code) and any additional applicable codes, ordinances and regulation of West Goshen Township. I understand 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 West Goshen Township or any other governing body. I certify that 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.

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

Signature of Contractor: \_\_\_\_\_ Contractor Print Name: \_\_\_\_\_

**Permit Denied:** Date \_\_\_\_\_ Date Returned \_\_\_\_\_

Reason Denied: \_\_\_\_\_

**Permit Approved:** Date \_\_\_\_\_

\_\_\_\_\_  
Building Code Official

\_\_\_\_\_  
Date



**BOARD OF SUPERVISORS  
WEST GOSHEN TOWNSHIP  
1025 PAOLI PIKE  
WEST CHESTER, PA 19380  
PHONE: 610-696-5266 FAX: 610-429-0616**

**FIRE PROTECTION PERMIT APPLICATION**

To alter, erect or use a structure, to use land in accordance with the Zoning Ordinance, Building Code, and all other pertinent ordinances of West Goshen Township, Chester County, Pennsylvania

Township use only <b>Permit #</b> _____ <b>Date:</b> _____ <b>Fee:</b> _____
---

**Application for a permit to install/erect/alter:**     Sprinkler System     Fire Alarm     CO2     Kitchen Hood     Dry Chemical  
 Clean Agent     Standpipe     Paint Booth     Tent     Foam     Halon     Smoke Control

Application for a permit to perform or install (give description of work being done): \_\_\_\_\_

Site Address: \_\_\_\_\_ Tax Parcel # **52** - \_\_\_\_\_

Sq. Ft. of work area: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_ **Cost of Construction:** \$ \_\_\_\_\_

**Owner:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Architect/Engineer:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Occupancy Type: (check one)**     Residential     Office/Business     Mercantile     Assembly     Utility  
 Industrial/Factory     Educational     Institutional     Storage     High Hazard

<b>Sprinklers:</b> <b>Type of System</b> (circle)    Wet    Dry    Pre-Action    Deluge    Limited Area <b>Type of Work</b> (circle)    New    Relocate    Modify Number of Heads: _____    System Demand: _____    Standpipe(s): _____ Hydraulically Calculated: _____    Pipe Schedule: _____
<b>Fire Alarm:</b> Monitored (circle)    Yes    No Monitoring Company _____    Phone Number _____ Number of Audible/ Visual Devices _____    Number of Pull Stations _____ Number of Smoke Detectors _____    Number of Heat Detectors _____

I certify that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and **PA Act 45 (Uniformed Construction Code)** and any additional applicable codes, ordinances and regulation of West Goshen Township. I understand 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 West Goshen Township or any other governing body. I certify that 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.

**Applicant's Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Signature of** \_\_\_\_\_ **Print Name of** \_\_\_\_\_  
**Owner or Authorized Agent:** \_\_\_\_\_ **Owner or Authorized Agent:** \_\_\_\_\_

**Signature of Contractor:** \_\_\_\_\_ **Contractor Print Name:** \_\_\_\_\_

**Permit Denied:**    Date \_\_\_\_\_    Reason Denied: \_\_\_\_\_

**Permit Approved:**    Date \_\_\_\_\_

**Fire Code Official** \_\_\_\_\_ **Date** \_\_\_\_\_ **Zoning Officer (For tents only)** \_\_\_\_\_ **Date** \_\_\_\_\_

WEST GOSHEN TOWNSHIP  
**Application for Use & Occupancy Permit**  
1025 PAOLI PIKE WEST CHESTER, PA 19380-6199  
PHONE (610)-696-5266 FAX (610)-429-0616

Please print legibly.

Property Information

Property Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Tax Parcel No.: \_\_\_\_\_

Owner Information

Owner Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Applicant Information

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

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Section A: Residential (Fee: New Construction - \$100, Additions/Alterations - \$50)**

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

Lot No. : \_\_\_\_\_ Settlement Date: \_\_\_\_\_

Name of New Owner: \_\_\_\_\_ Phone# \_\_\_\_\_

**Section B: Commercial/Industrial/Medical Service/Office Park**

**(Fee: New Construction - \$150, Existing Building/Change of Use/Tenant - \$75)**

\*Name of owner of Property: \_\_\_\_\_ Phone # \_\_\_\_\_

\*Name of New Tenant: \_\_\_\_\_ Phone# \_\_\_\_\_

**Must submit a condo/lease line plan from an approved subdivision/land development.**

*If owner cannot provide, submit a plan showing lease lines, existing uses per unit, parking, and square footage.*

Sq. Ft. of building or portion being used: \_\_\_\_\_ No. Parking Spaces Provided: \_\_\_\_\_

Describe Current Use: \_\_\_\_\_

Describe Proposed Use: \_\_\_\_\_

Retail Sales:  Yes  No      Are Sprinklers Installed?  Yes  No

Will change require additional alterations, renovations, or fit out?  Yes  No

*If yes, please file appropriate permit applications.*

Settlement or Lease Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Zoning Use Approved:  Yes  No      Comments: \_\_\_\_\_  
Zoning Officer Initials: \_\_\_\_\_

Use & Occupancy in accordance with Chapter 3 IBC Codes: \_\_\_\_\_

Type of Construction as defined in Chapter 6 of IBC Code: \_\_\_\_\_

Design Occupancy Load per table 1004.12 IBC Code: \_\_\_\_\_

Electrical Inspection Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Building Official or Fire Marshal Initials: \_\_\_\_\_

**Associated Permits:**

Building # \_\_\_\_\_ Plumbing # \_\_\_\_\_ Sewer Connection # \_\_\_\_\_

Electrical # \_\_\_\_\_ HVAC # \_\_\_\_\_ Zoning # \_\_\_\_\_

Fire Protection # \_\_\_\_\_ Other # \_\_\_\_\_

# West Goshen Township

## Police Department

1025 Paoli Pike ♦ West Chester, Pennsylvania 19380 (610) 696-7400

WWW.WGOSHEN.ORG

FAX (610) 696-3935



**JOSEPH J. GLEASON**  
Chief of Police

**GREGORY M. STONE**  
Lieutenant

Dear Business Manager,

The West Goshen Township Police Department requests your assistance by completing the form below. Please provide this information and return to the West Goshen Police Department, attn: Emergency contacts, or return with your permit application. By providing this information, you will be assisting the police in the event of an emergency, and enabling the department to contact the responsible business personnel when needed in a timely manner.

The officers will use this information, when situations occur or are noticed while on patrol. This information will be requested on a regular basis so that our records reflect accurate and current information. You may also find this on the West Goshen website, under forms at the bottom of the page. Your cooperation is appreciated, and will help ensure timely communication to you, the business manager.

---

### West Goshen Township Police Department Emergency Notification Information Form

**Business Name:** \_\_\_\_\_ **Business phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Suite # or Unit #:** \_\_\_\_\_

Persons to be notified in the event of an afterhour's emergency. Please name someone locally who would have key access.

Contact #1: \_\_\_\_\_ Contact #3: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Contact #4: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

If your business has a security system, please check all that apply:

**Intrusion**

**Audible, No Alarm Provider**

**Fire**

**Silent, Directly to Alarm Provider**

Please remember when supplying your alarm provider with your business address to provide the correct township –West Goshen.

Photo Copy(s) permitted

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION  
(attach to building permit application)

**A. The Applicant is**

A contractor within the meaning of the Pennsylvania Workers' Compensation Law.

YES       NO

If the answer is "yes", complete Sections B and C below as appropriate.

---

**B. Insurance Information**

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for workers compensation.

Certificate attached

Name of Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy No. \_\_\_\_\_

Certification attached

Policy Expiration Date \_\_\_\_\_

---

**C. Exemption**

*Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.*

The undersigned swears or affirms that he/she is not required to provide workers compensation insurance under the provisions 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.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

(Seal)

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

**How to Implement  
the "Contractor Proof" Provision  
of the Workers' Compensation Reform Act  
Act 44 of 1993  
Effective August 31, 1993**

The Workers' Compensation Reform Act was signed into law as Act 44 of 1993 by Acting Governor Mark Single on July 2. **The new law takes effect on August 31.**

Included in the act is a provision that requires all municipalities that issue building permits to require proof of workers' compensation insurance prior to issuing a building permit to a contractor or to require an affidavit stating that the contractor does not employ other individuals, and therefore, is not required to carry workers' compensation insurance. **An affidavit, by statutory definition, must be notarized.**

The Building Permit

Under the act, each municipality must modify its building permit to include the name of the contractor, workers' compensation policy number, the name of the insurance company, and the contractor's federal or state employer identification number (EIN), in addition to any information required by the municipality in its ordinance. If the contractor signs an affidavit stating that he has no employees and is not required to carry workers' compensation insurance, the building permit must then state the contractor's federal or state employer identification number and a notation that the contractor has no other employees and does not carry workers' compensation insurance and that the contractor is not permitted to employ any individuals to perform work under the building permit.

As proof of insurance, the township should require the contractor to supply either directly or through the contractor's insurer or agent a workers' compensation certificate, which includes the effective date of the coverage and the signature of the insurer. This certificate must be kept on file with the building permit.

A sample addendum to your building permit application is enclosed. A copy of this form or similar document could be attached as an addendum to your township's current building permit or the information incorporated into the form when the township prints a new building permit. This form is a sample only. Please be sure to consult your township solicitor for guidance in complying with this requirement of the law. The township is required to obtain all information on Part A of the form as part of the building permit. If a contractor is exempt from providing workers' compensation insurance coverage, the affidavit of exemption section (Part B) must be completed and notarized.

Applications By Non-Contractors

Act 44 does not address building permit applications for non-contractors. There is nothing in the act or in the court decisions that offers guidance to townships on issuing building permits to property owners who may or may not hire a contractor to perform some or all of the work. Under Act 44, the following seems to be clear:

- Property owner applicants are not "contractors" within the meaning of the Workers' Compensation Law.
- The language of the act requiring townships to obtain certificates of workers' compensation coverage refers only to "contractors".

We conclude, therefore, that townships are not required to obtain such certification from a property owner as a pre-condition to issuing a building permit.

*May a township require such certification from a non-contractor property owner?* Without this law, townships' power to inquire into or enforce the workers' compensation obligations of private parties is highly doubtful. Act 44 establishes a responsibility for contractors only. Therefore, requiring workers' compensation coverage by non-contractor applicants would be an intrusion by the township into an area where it has no legal authority.

It is our conclusion that workers' compensation coverage certification may not be required of non-contractor applicants. We recognize that this interpretation makes the implementation of an already burdensome law even more awkward for

townships. Further, in the absence of legislative or judicial clarification, this law is susceptible to divergent interpretations. You should consult with you Township Solicitor before taking action.

### Expiration or Cancellation Of Insurance

Contractors must notify their workers' compensation insurer of each municipality in which they will be seeking building permits as a workers' compensation policy certificate holder. Insurers issuing policies that name of municipality as a certificate holder must notify that municipality of the expiration or cancellation of any such policy of insurance within three working days of the date of expiration or cancellation. Upon the receipt of such notification from the insurer, the township must issue a stop-work order to a contractor who is performing the work.

Also, if a township receives actual notice that a building permittee who has filed an affidavit of exemption from workers' compensation insurance has hired employees to perform work under the building permit and has not obtained the required insurance, the township must issue a stop-work order. The stop work order shall stay in effect until proper workers' compensation coverage is obtained for all work performed under the building permit and the township receives proper documentation of such coverage.

### Contractors Working For A Township

Under Act 44 and Section 805 of the township Code, the same provisions that apply to contractors seeking building permits apply to any contractor performing work for a public body or municipality. All contractors and subcontractors must provide proof of workers' compensation insurance to the township effective for the duration of the contract. Upon receiving notice that the contractor's workers' compensation insurance has expired or been canceled or that the affidavit of exemption is not longer accurate, the township shall declare the contract to be null and void.

### Liability For Enforcement

All responsibility for notifying the township of the expiration or cancellation of a contractor's workers' compensation insurance rests with the contractor and his insurance carrier. The law specifically states that there is no municipality liability for the enforcement of this provision.

The term "proof of insurance" means a certificate of insurance or self-insurance demonstrating current coverage and compliance with the requirements of this ace. Proof of insurance is not required if:

- The contractor qualifies for an exemption for religious reasons (such as the Amish) under the Workers' Compensation Act.
- The language of the art requiring townships to obtain certificates of workers' compensation coverage refers only to "contractors".

We conclude therefore, that townships are not required to obtain such certification from a property owner as a pre-condition to issuing a building permit.

**BOARD OF SUPERVISORS  
WEST GOSHEN TOWNSHIP  
1025 PAOLI PIKE  
WEST CHESTER, PA 19380  
PHONE: 610-696-5266 FAX: 610-429-0616**

**OPERATIONAL PERMIT Page 1 of 2**

---

**Date:** \_\_\_\_\_

I (We) hereby make application for an Operational Permit in accordance with Section 105.6 of the International Fire Code

Building Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

---

Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

---

**Operational Type: (circle all that apply)**

Aerosol Products: 105.6.1

Amusement Buildings: 105.6.2

Aviation Facilities: 105.6.3

Carnival and Fairs: 105.6.4

Battery Systems: 105.6.5

Cellulose Nitrate Film Storage: 105.6.6

Combustible Dust Producing Operations: 105.6.7

Combustible Fibers: 105.6.8

Compressed Gases: 105.6.9

Covered Malls: 105.6.10

Cryogenic Fluids: 105.6.11

Cutting and Welding: 105.6.12

Dry Cleaning Plants: 105.6.13

Exhibits and Trade Shows: 105.6.14

Explosives: 105.6.15

Fire Hydrant and Valves: 105.6.16

Flammable and Combustible Liquids: 105.6.17

Floor Finishing: 105.6.18

Fruit and Crop Ripening: 105.6.19

Fumigation and Thermal Insecticide Fogging: 105.6.20

Hazardous Materials: 105.6.21

HPM Facilities: 105.6.22

High-piled Storage: 105.6.23

Hot Work operations: 105.6.24

Industrial ovens: 105.6.25

Lumber yards and Woodworking plants: 105.6.26

Liquid-or gas-fueled vehicles or equipment in  
assembly buildings: 105.6.27

LP-Gas: 105.6.28

Magnesium: 105.6.29

Miscellaneous Combustible Storage: 105.6.30

Open Burning: 105.6.31

Open Flame and torches: 105.6.32

Open flames and candles: 105.6.33

Organic Coatings: 105.6.34

**BOARD OF SUPERVISORS  
WEST GOSHEN TOWNSHIP  
1025 PAOLI PIKE  
WEST CHESTER, PA 19380  
PHONE: 610-696-5266 FAX: 610-429-0616**

**OPERATIONAL PERMIT Page 2 of 2**

**Operational Type: (circle all that apply)**

Places of Assembly: 105.6.35

Private Fire Hydrants: 105.6.36

Pyrotechnic Special effects Material: 105.6.37

Pyroxylin Plastics: 105.6.38

Refrigeration Equipment: 105.6.39

Repair Garages and Motor fuel-dispensing facilities: 105.6.40

Rooftop Heliports: 105.6.41

Spraying or dipping: 105.6.42

Storage of scrap tires and tire byproducts: 105.6.43

Temporary Membrane Structures: 105.6.44

Tire Rebuilding Plants: 105.6.45

Waste handling: 105.6.46

Wood Products: 105.6.47

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**The applicant acknowledges his/her responsibility to be familiar with and comply with the requirements of all codes, as amended, and all ordinances and regulations of West Goshen Township, including but not limited to the Building Code, Plumbing Code, and Fire Code.**

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

---

Approved By

Fire Marshall: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Expiration Date: \_\_\_\_\_





## TOWNSHIP OF WEST GOSHEN

1025 PAOLI PIKE  
WEST CHESTER, PENNSYLVANIA 19380

PHONE: 610-696-5266  
FAX: 610-429-0616

### Approved Third Party Electrical Inspection Agencies

All Safe Electrical Inspections  
311 Spruce St.  
West Reading, PA 19611  
610-396-9620

American Inspection Agency Inc.  
342 Miller Road  
Sinking Springs, PA 19608  
610-678-4336

Atlantic Inland  
*A Burreau Veritas Company*  
857 Sussex Blvd.  
Broomall, PA 19008  
610-543-3925  
877-392-9445

Code Inspections Inc.  
409 S. Providence Rd.  
Wallingford, PA 19086  
610-565-0789  
Fax 610-891-8966

Commonwealth Code Inspection Service  
219 Long Lane  
West Chester, PA 19380  
610-692-6762  
800-732-0043

Middle Atlantic Electrical Inspections, Inc.  
302 E Pennsylvania Blvd.  
Feasterville, PA 19053  
800-352-3457

Middle Department Inspection Agency  
1337 West Chester Pike  
West Chester, PA 19382  
610-696-3900

Municipal Inspection Corporation  
215-673-4435

Penn State Inspection Agency  
3106 Polly Drummond Office Park  
Newark, DE 19711  
Ph No 302-292-2000  
Fax No 302-292-0900

Underwriter Inspection Service  
PO Box 416  
Royersford, PA 19468  
610-495-2803

United Inspection Agency  
35 Clayburgh Rd  
Thornton, PA 19373  
610-399-5094

KWIK Service Group, LLC  
P.O. Box 159  
Wagontown, PA 19376  
484-947-7852

State Inspection Authority, Inc.  
1797 Little Conestoga Road  
Glenmore, PA 19343  
215-852-6785

Barry Isett & Associates  
1003 Egypt Rd  
Phoenixville PA 19460  
610-935-2175

**All companies have inspectors in our area. Work inspected by other agencies shall not be accepted by West Goshen Township.**

Township use only

Permit # \_\_\_\_\_

Date: \_\_\_\_\_

Uniform Construction Code (UCC)

**SPECIAL INSPECTIONS AND OBSERVATIONS STATEMENT** (page 1)

This statement must accompany permit applications for all construction for which special inspections and observations are required in section 1704 and 1709 of the <i>International Building Code 2006</i> .	
Project Name:	
Project Address:	
Owner:	Telephone:

This is to certify that all the inspections and observations that I have checked on pages 2 **and** on page 3 of this statement are required for the project named above and will be performed by the designated individuals or firms. By signing this statement, I also acknowledge that:

- these inspections and observations must be performed by competent individuals in accordance with the requirements of the IBC Chapter 17 (as applicable) and that the construction work must comply with West Goshen Township-approved plans and specifications and all applicable provisions of the Uniform Construction Code;
- records of all required special inspections and testing observations (including any discrepancies and methods of correction of these discrepancies) will be retained and made available to West Goshen Township representatives, upon request; and,
- The Final Report section of this statement must be signed by me and a copy of this statement submitted to the Building inspector, at the time that the final inspection is performed and before a certificate of occupancy is issued.

\_\_\_\_\_  
Name of Design Professional in Responsible Charge

\_\_\_\_\_  
Signature of Design Professional in Responsible Charge

\_\_\_\_\_  
PA License Number                      Date signed

**PLEASE AFFIX SEAL IN SPACE TO THE LEFT.**

Township use only  
**Permit #** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**SPECIAL INSPECTIONS AND OBSERVATIONS STATEMENT** (page 2)

<b>CHECK EACH THAT APPLIES</b>	<b>TYPE OF SPECIAL INSPECTION OR OBSERVATION</b>	<b>NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION</b>	<b>CREDENTIALS</b> (Enter acronym from page 3. If "Other," please specify special training or basis for competency to perform work.)
	Inspection of Fabricators		
	Inspection of Steel Construction		
	Inspection of Concrete Construction		
	Inspection of Masonry Construction		
	Inspection of Wood Construction		
	Inspection of Soil Conditions		
	Structural Observations		
	Inspection of Driven Deep Foundations		
	Inspection of Cast-in-Place Foundations		
	Inspection of Helical Pile Foundations		
	Inspection of Vertical Masonry Foundation Elements		
	Inspection of Sprayed Fire-Resistant Materials		
	Inspection of Mastic & Intumescent Fire-Resistant Coatings		
	Inspection of Smoke Control systems		
	Inspection of Exterior Insulation & Finish System (EIFS)		

Township use only

Permit # \_\_\_\_\_

Date: \_\_\_\_\_

## SPECIAL INSPECTIONS AND OBSERVATIONS STATEMENT (page 3)

<b>FINAL REPORT</b>	<b>Required Special Inspections or Observations:</b>	
	<input type="checkbox"/> Inspection of Fabricators <input type="checkbox"/> Inspection of Steel Construction <input type="checkbox"/> Inspection of Concrete Construction <input type="checkbox"/> Inspection of Masonry Construction <input type="checkbox"/> Inspection of Wood Construction <input type="checkbox"/> Inspection of Soil Conditions <input type="checkbox"/> Structural Observations <input type="checkbox"/> Inspection of Driven Deep Foundations	<input type="checkbox"/> Inspection of Cast-in-Place Deep Foundations <input type="checkbox"/> Inspection of Helical Pile Foundations <input type="checkbox"/> Inspection of Vertical Masonry Foundation Elements <input type="checkbox"/> Inspection of Spray Fire-Resistant Materials <input type="checkbox"/> Inspection of Mastic and Intumescent Fire-Resistant Coatings <input type="checkbox"/> Inspection of Smoke Controls <input type="checkbox"/> Inspection of Exterior Insulation & Finish System (EIFS)
	<p>I certify that I have reviewed the report on each of the inspections or observations checked above. These reports indicate that the covered work is in compliance with West Goshen Township-approved plans and specifications and all applicable provisions of the Uniform Construction Code.</p> <p style="text-align: right;">_____ Signature of Design Professional in Responsible Charge</p> <p style="text-align: right;">_____ Date signed (Day/Month/Year):</p>	
<b>KEY for use in CREDENTIALS column:</b> (on page 2)	<b>ACI</b>	American Concrete Institution Certified Concrete Field Testing Technician
	<b>AWS</b>	American Welding Society Certified Welding Inspector
	<b>ASNT</b>	American Society of Non-Destructive Testing
	<b>AWCI</b>	Association of Wall and Ceiling Industries
	<b>MCA</b>	Model code agency (ICC, BOCA, SBCCI, ICBO) special inspection certification
	<b>PA</b>	Professional Architect (currently licensed)
	<b>PE</b>	Professional Engineer (currently licensed)
	<b>OTHER</b>	Specialized training coursework or other basis for competency deemed acceptable

## West Goshen Township Commercial Plan Submission Checklist

The following sheet is to be completed by **Design Professional in Charge** and included with all applications for permit. **Other requirements as determined by the Code Official may be required or requested based on scope of project.**

- 1. Two sets of plans including
  - a. Site Plan (Land Development required for new buildings & additions) \_\_\_\_\_
  - b. Life Safety Plan \_\_\_\_\_
  - c. Signed and sealed Architectural Plans \_\_\_\_\_
  - d. Signed and sealed Accessibility Plan \_\_\_\_\_
  - e. Structural plans signed and sealed by engineer \_\_\_\_\_
  - f. Signed and sealed Structural Calculations \_\_\_\_\_
  - g. Signed and sealed Electrical Plans by engineer (reviewed and stamped by third party agency) \_\_\_\_\_
  - h. Signed and sealed Energy Plans \_\_\_\_\_
  - i. Signed and sealed HVAC/Mechanical Plans by engineer \_\_\_\_\_
  - j. Signed and Sealed Mechanical calculations \_\_\_\_\_
  - k. Signed and Sealed Plumbing Plans \_\_\_\_\_
  - l. Signed and Sealed Fire Protection and Alarm Plans \_\_\_\_\_
- 2. Completed Building Permit Application \_\_\_\_\_
- 3. Completed Electrical Permit Application \_\_\_\_\_
- 4. Completed Electrical Permit for Tele/Data \_\_\_\_\_
- 5. Completed HVAC Permit Application \_\_\_\_\_
- 6. Completed Plumbing Permit Application \_\_\_\_\_
- 7. Completed Fire Protection Permit Application(s) \_\_\_\_\_
- 8. Completed Use and Occupancy Application \_\_\_\_\_
- 9. Com-Check Energy Calculations \_\_\_\_\_
- 10. Health Department signed approved plans (if applicable) \_\_\_\_\_
- 11. Zoning Decision (When relief is required) \_\_\_\_\_
- 12. Highway Occupancy Permit (Where required) \_\_\_\_\_
- 13. 1 copy of soils report (New Buildings and additions) \_\_\_\_\_
- 14. Special Inspection and observations statement \_\_\_\_\_
- 15. Insurance Certificates \_\_\_\_\_
- 16. Emergency contact numbers for contractors \_\_\_\_\_

Design Professional In Charge: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State and Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

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**Do not write below this line**

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_