



Permit Requirements for GARAGES (Detached and Attached)

Note: this information is meant to be used as a guideline for the permit process. Additional information may be required if the Code Official deems it necessary. If any of the required paperwork is not submitted to East Fallowfield Township and/or if the applications are incomplete, it could cause a delay in the review process of the permit. Please contact our office if you have any questions.

At-A-Glance

1. GARAGE Permit Application Packet includes:
 - Instructions and guidelines
 - Zoning Permit Application
 - Building Subcode Application
 - Electrical Subcode Application
 - Plumbing Subcode Application
 - Mechanical Subcode Application
 - Worker's Compensation form
2. You'll need to submit:
 - Completed applications as they pertain to your scope of work;
 - Corresponding drawings, diagrams and/or plot plans as they pertain to your scope of work;
 - HOA approval letter (if you belong to a Homeowner's Association);
 - Copy of PA License; and
 - Certificate of Insurance or Exempt Worker's Compensation form (if exempt, form must be notarized).
3. Permit cost is calculated during permit review/approval, and amount is due when permit is released.
4. Make checks payable to East Fallowfield Township.
5. Credit Card payments are also accepted. A 2.9% service fee will be charged.

PERMIT REQUIREMENTS

1. An approved Zoning Permit issued by the East Fallowfield Township Zoning Official is required.
 - a. Fill out a Zoning Permit application in full.
 - b. Submit two (2) copies of your plot plan showing:
 - i. existing structures (including house, driveway, accessory structures, well, septic tank/system, etc.),
 - ii. proposed addition, and
 - iii. the proposed setbacks to the property line for the addition.
2. Fill out in full all proper applications that apply to your proposed project (Building Subcode, Electrical Subcode, Plumbing Subcode, and/or Mechanical Subcode).
 - a. Building Subcode application:
 - i. Provide two (2) copies of the proposed construction drawings of the proposed addition/alterations.
 - ii. The drawings must show complete detail of the construction of the proposed addition/alteration.
 - iii. All construction is required to meet the requirements of the 2015 International Residential Building Code and 2014 National Electrical Code and Act 45 of 1999 of the State of Pennsylvania and all amendments.
 - b. Electrical Subcode application (*if applies to scope of work*):
 - i. Provide two (2) copies of the proposed wiring diagram for plan review.
 - ii. Plans will be sent to United Inspections for their review and approval.
 - c. Plumbing Subcode application (*if applies to scope of work*):
 - i. Provide two (2) copies of the proposed drainage system. Show existing drainage system with the venting and show the proposed drainage system with the size of ALL drains and vents, trap sizes and materials to be used.
 - d. Mechanical Subcode application (*if applies to scope of work*):
 - i. Provide two (2) copies of all proposed duct work, with a complete heat loss calculation of the proposed addition with a new heater. If you are using the existing heater, you must do a heat loss calculation of the existing dwelling and the addition as one unit.
3. Provide a copy of all Contractors' Certificates of Insurance and Worker's Compensation showing East Fallowfield Township as insured, or fill out the exempt form provided for Worker's Compensation (if exempt, the Worker's Compensation form will need to be notarized).
4. Provide a copy of all Contractors' PA Home Improvement Licenses from the State of Pennsylvania.
5. Provide a copy of your Homeowner Association's (HOA) approval letter with your application (*if you live in a neighborhood that has a HOA*).

INSPECTIONS

1. All required inspections will be listed on the inspection checklist sheet attached to the yellow permit. The applicant is responsible for scheduling ALL required inspections, as noted on the inspection checklist.
2. All Electrical inspections are to be done by the third-party inspection agency, **United Inspections**. They can be reached at **215-542-9977**.
3. All other inspections will be done by East Fallowfield Township's Office of Code Enforcement. Please email permits@eastfallowfield.org or call **610-635-6077** to schedule your inspections.
 - A. Requests must be scheduled at least 24 hours in advance.
 - B. Inspections are available Monday through Friday between 9:00 a.m. and 11:00 a.m.
 - C. When work has been completed, all permits must have a **final inspection** performed, and a Certificate of Use & Occupancy will be issued. Final inspections are available on Tuesdays and Thursdays between 9:00 a.m. and 11:00 a.m.

Please contact us if you have questions or need additional information regarding the above.

Thank you.

Nick Vendetta
Building Code Official
Keystone Municipal Services
East Fallowfield Township
610-384-7144
codeofficer@eastfallowfield.org

Sue Sereditch
Permits & Inspections Facilitator
East Fallowfield Township
610-635-6077
permits@eastfallowfield.org



PERMIT POLICIES & PROCEDURES

The following is an overview of what is expected when applying for a building permit in East Fallowfield Township. Our Township has elected to be an Opt-In Township of the Uniform Construction Code of the State of Pennsylvania.

Applying for a Commercial or Residential Building Permit:

1. Submit completed application with all sections that apply to the project filled out in full.
2. Submit copies of all Contractors Certificate of Insurance and Workman's Compensation showing East Fallowfield Township as insured or fill out the exempt form provided for Workman's Compensation.
3. Submit copies of all Contractors PA Home Improvement License from the State Of Pennsylvania (*not required for new construction*).
4. Submit two (2) copies of all related construction drawings shall be submitted with the completed application. All drawings submitted must reference the current codes adopted by the 2018 International Residential Building Code and 2017 National Electrical Code and Act 45 of 1999 of the State of Pennsylvania and all amendments.
5. When the application is completed and submitted to the Township it will begin review by a Certified Code Official.
6. If the plans are signed and sealed by a design professional Engineer or Architect licensed in the Commonwealth of Pennsylvania, a review letter or permit issue must be completed within 15 business days by the Code Official. If the Code Official fails to respond in the 15 business days, the plans are deemed approved.
7. If the plans are not signed and sealed by a design professional Engineer or Architect licensed in the Commonwealth of Pennsylvania, a review letter or permit issue must be completed within 30 business days by the Code Official. If the Code Official fails to respond in the 30 business days, the plans are deemed approved.
8. When a review letter is written for the requirement of code compliance or just for more information needed, the applicant must respond within 30 business days from the date of the review letter or the application will be deemed null and void. After the Review letter is complied with and the plans are resubmitted the Code Official, he shall have the required number of days to respond with a review letter or issue the permit for approval.

East Fallowfield Township
Office of Code Enforcement
www.eastfallowfield.org



2264 Strasburg Road
East Fallowfield, PA 19320
610-635-6077 (f) 610-384-7143
permits@eastfallowfield.org

9. When the Building Permit application is approved and issued, the permit is good for a period of six (6) months from the date that it was issued to start the construction. If construction has not begun within the six (6) months, the permit holder may request an extension of time in writing to the Code Official to extend the approval of the construction. Once the work has started, the permit is valid until the project is completed per the permit approval. All work must be completed within a 5 year period. The Code Official is the Authority and has jurisdiction for overseeing the approved drawings comply with the permit approval.
10. A list of required inspections will be issued with the approved permit and a copy of the approved drawings for the proposed construction. This approved drawing shall remain on site for the Code Official or Code Inspector to reference for compliance of the approved permit.
11. Prior to the start of construction, a pre-construction meeting may be required to be held to go over the policies and procedures of East Fallowfield Township for compliance of the approval.
12. When there are changes to the approved construction drawings, the Contractor/Property Owner MUST notify the Code Official of the changes. The Code Official may require that the construction drawings be revised and re-submitted to East Fallowfield Township for re-approval by the Code Official and for the permit file.
13. When the construction is completed and prior to the Occupancy of the project, a final inspection must be done by the Code Official.
 - a. If there was a drainage permit issued by the Township Engineer, the drainage permit must be signed off and the As-Built's (*if required*) must be approved by the Township Engineer before the final Certificate of Occupancy (C/O) inspection is scheduled. Please allow 2 weeks prior to scheduling for the Certificate of Occupancy.
(Note: a conditional Certificate of Occupancy (C/O) may be requested in writing by the Property Owner and their contractor for a limited amount of time to complete the project. The Township Zoning Official, Township Engineer and Building Code Official must approve the Conditional Certificate of Occupancy in order to be issued.)
 - b. When the Code Official has found the project to be completed and all required inspections have been performed and passed by a certified inspector, the Code Official shall issue the Certificate of Occupancy and sign off on the property file within five (5) business days of the final inspection.
 - c. The building permit file will be removed from the open permit records files of East Fallowfield Township to the permanent Property Records files.

Please contact me at 610-384-7144 or at codeofficer@eastfallowfield.org for questions or information regarding the above.

Nick Vendetta
Building Code Official
Keystone Municipal Services
East Fallowfield Township
610-384-7144
codeofficer@eastfallowfield.org

Sue Sereditch
Permits & Inspections Facilitator
East Fallowfield Township
610-635-6077
permits@eastfallowfield.org

**Township of East Fallowfield Township
Chester County, PA**

Allow 30 days for processing

\$75.00 Fee

Application #: _____

USE AND ZONING PERMIT

Application to Zoning Officer for Approval of Construction, Alteration, Use and Zoning

NOTICE: Any person or neighbor aggrieved by the issuance of this permit may have a right to appeal, including grants or variances. Such appeal shall be within 30 days of approval. Because of the potential for appeal, any expenditures made prior to such expiration to the appeal period, or during pendency of an appeal if filed, are at the permit holder's risk.

Any permit issued from this application shall be deemed valid only for a period of six (6) months. Nothing contained herein shall be construed to permit the beginning of construction of any building or alteration thereof until a building permit has been obtained from the Building Inspector of East Fallowfield Township and nothing herein contained shall be construed to permit the occupancy of any building for which an application has been made until the Building Inspector certifies that he has inspected the work and approves the same as being in conformity with the applicable Township Ordinances.

For all permit and building requirement questions, contact our Code Officer at 610-384-7144 or
codeofficer@eastfallowfield.org

Property Address: _____				Date: _____	
Applicant's Name & Address: _____					
Applicant Phone #: _____				Owner Phone #: _____	
Owner's Name & Address: _____					
<i>Complete only items Applicable</i>					
Use of Proposed New Structures or Property Use: _____					
Use of Existing Structure: _____					
Proposed Change of Use of Existing Structure: _____					
<i>Must Complete</i>					
<u>Lot Dimensions</u>		<u>Dimensions of Proposed Structure</u>		<u>Proposed Setbacks</u>	
Width at Front		Length		Front	
Width at Rear		Width		Rear	
Right Side Depth		Height		Right Side	
Left Side Depth				Left Side	
ESTIMATED COST OF WORK: \$ _____					
A PLOT PLAN MUST BE ATTACHED locating all existing and proposed man-made structures and shall include their dimensions and setbacks to a least two property lines. In addition, the plan must include driveways, streams, north arrow, etc. <i>When approved by the Zoning Officer, this form becomes a Use and Zoning Permit.</i>					

For Zoning Officer Use Only

Date Received: _____ Date Reviewed: _____

Approved: _____ Denied: _____

Remarks: _____

Applicant Signature

Zoning Office Signature



BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Permit #



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____

Work Site Location _____

Owner in Fee _____

Address _____

Tele. (_____) _____

Contractor _____

Address _____

Tele. (_____) _____ Email _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	_____	_____	_____	_____	_____	_____	_____
☐ All	_____	_____	Footing	_____	_____	_____	_____
☐ Footing	_____	_____	Foundation	_____	_____	_____	_____
☐ Foundation	_____	_____	Slab	_____	_____	_____	_____
☐ Frame	_____	_____	Frame	_____	_____	_____	_____
☐ Other	_____	_____	Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:	_____	_____	Insulation	_____	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____	Finishes	_____	_____	_____	_____
SUBCODE APPROVAL	_____	_____	Energy	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA	_____	_____	Mechanical	_____	_____	_____	_____
Date: _____	_____	_____	TCO	_____	_____	_____	_____
Approved by: _____	_____	_____	Other	_____	_____	_____	_____
_____	_____	_____	Final	_____	_____	_____	_____
_____	_____	_____	Barrier-Free	_____	_____	_____	_____

TYPE OF WORK:

FEE (Office Use Only)

Building \$ _____
Electrical _____
Mechanical _____
Plumbing _____
Lateral _____
Zoning _____
State Fee _____

U & O _____

Subtotal _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
Fee \$ _____
TOTAL FEE \$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.
Deck/Accessory _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____



ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received

Date Issued

Permit #



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____

Work Site Location _____

Owner in Fee/Occupant _____

Address _____

Tele. (_____) _____

Contractor _____

Address _____

Tele. (_____) _____ Email _____

Lic. No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: Date Initial

[] No Plans Required

Joint Plan Review Required

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: _____

Approved by: _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors— Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel
_____	_____	_____
_____	_____	TOTAL NUMBERS
_____	_____	Pool Permit/with UW Lights
_____	_____	Storable Pool/Spa/Hot Tub
_____	_____	KW Elec. Range/Receptacle
_____	_____	KW Oven/Surface Unit
_____	_____	KW Elec. Water Heater
_____	_____	KW Elec. Dryer/Receptacle
_____	_____	KW Dishwasher
_____	_____	HP Garbage Disposal
_____	_____	KW Central A/C Unit
_____	_____	HP/KW Space Heater/Air Handler
_____	_____	KW Baseboard Heat
_____	_____	HP Motors 1/+ HP
_____	_____	KW Transformer/Generator
_____	_____	AMP Service
_____	_____	AMP Subpanels
_____	_____	AMP Motor Control Center
_____	_____	KW Elec. Sign/Outline Light
_____	_____	_____
_____	_____	_____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

Fee \$ _____

TOTAL FEE \$ _____

APPLICANT – WHITE COPY / OFFICE – YELLOW COPY
ASSESSMENT OFFICE – PINK COPY / BILLING – GOLD COPY

**PLUMBING
SUBCODE
TECHNICAL SECTION**

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
Work Site Location _____

Owner in Fee _____
Address _____

Tele. (_____) _____
Contractor _____
Address _____

Tele. (_____) _____ Email (_____) _____
Lic. No. _____
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plans Required
Joint Plan Review Required
☐ Building ☐ Electric
☐ Fire ☐ Elevator
☐ Plumbing Plans Approved

Date: _____

Approved by: _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature – Contractor's Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received

Date Issued

Permit #

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
Fee	\$ _____
TOTAL FEE	\$ _____

APPLICANT

**MECHANICAL
INSPECTOR
TECHNICAL SECTION**

Date Received _____
Date Issued _____

Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
Work Site Location _____

Owner in Fee _____
Address _____

Tele. (_____) _____
Contractor _____
Address _____

Tele. (_____) _____ Email _____
Lic. No. _____
Federal Emp. No. _____

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4
Heating System ☐ Conversion ☐ Replacement
Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____
Type: ☐ Hydronic ☐ HotAir
Estimated Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plans Required
Joint Plan Review Required

☐ Bldg. ☐ Plumb.
☐ Elec. ☐ Elevator
☐ Fire ☐ Mech.

PLANS APPROVED

Date: _____
Approved by: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO.	FIXTURE/EQUIPMENT
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	HotAir Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Other

FEE (Office Use Only)

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
	\$ _____
TOTAL FEE	\$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

APPLICANT

East Fallowfield Township
Office of Code Enforcement
www.eastfallowfield.org



2264 Strasburg Road
East Fallowfield, PA 19320
610-635-6077 (f) 610-384-7143
permits@eastfallowfield.org

Workers' Compensation Insurance Coverage Information

ATTACH TO BUILDING PERMIT APPLICATION

A. The applicant is:

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

☐ Yes

☐ No

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

B. Insurance Information

CERTIFICATE OF INSURANCE MUST BE ATTACHED

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.: _____

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 Pennsylvania's 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: _____

COUNTY OF CHESTER ASSESSMENT OFFICE

313 W. MARKET STREET, SUITE 4202, P.O. BOX 2748, WEST CHESTER, PA 19380-0991

610-344-6105
Fax 610-344-5902
www.chesco.org

JONATHAN B. SCHUCK, MBA CPE
Director of Assessment

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 and identify themselves 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 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 ask to 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. Thank you for your anticipated cooperation.

Sincerely,
Jonathan B. Schuck
Director
Susan L. Caldwell, CPE.
Chief Assessor

Taxing Authority-please run additional copies of this letter when your supply runs low.