



Building Permit Requirements for SOLAR PANELS

RESIDENTIAL PERMIT REQUIREMENTS:

1. An approved Zoning permit issued by the East Fallowfield Township Zoning Official is required for Ground Mount Solar panels. *(Roof top mount are exempt from zoning permit requirement.)*
 - 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.) and
 - ii. the proposed setbacks to the property line for the ground mount solar system.
2. Fill out in full all proper applications that apply to your proposed project (Building Sub Code and Electrical Sub Code).
 - a. Building Sub Code application:
 - i. Provide two (2) copies of the proposed construction drawings of the project.
 - ii. Provide system specifications and listing of all materials.
 - b. Electrical Sub Code application:
 - 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.
3. All Roof Top Mounted Panels must have a structural engineer approve the existing roof for the added dead loads of the panels to the roof and/or any upgrades needed to support the panels.
4. Provide a copy 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.
5. Provide a copy of all Contractors PA Home Improvement License from the State Of Pennsylvania.
6. Provide a copy of your Homeowners Association (HOA) approval letter with your application. *(If you live in a neighborhood that has an HOA).*

Notes: (a) the above instructions are guideline for the permit process. Others items may be required if the Code Official deems it's required. (b) If any of the above items are not submitted to East Fallowfield Township and apply to the proposed project – it will cause a delay in the review process of the permit.



REQUIRED INSPECTIONS:

1. An attached sheet to your permit will be issued for all the required inspections when the permit is issued.
2. The applicant is required to schedule ALL inspections with East Fallowfield Township.
 - a. All inspection requests require a written notice 24 hours in advance and can be emailed to permits@eastfallowfield.org.
 - b. Inspections are available Monday through Friday between 1 PM and 4 PM.
 - c. Please include the address of the property, the permit number, the day and time of the inspection and the type of inspection you would like to have done. A contact number for the permit holder must be included so our inspector can call them.
3. All Electrical inspections are to be done by the third party inspection agency, United Inspections. They can be reached at 215-542-9977.

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



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.



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.

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 610-635-6077 or permits@eastfallowfield.org

Property Address: _____ Date: _____

Contractor's Name & Email: _____

Contractor Phone #: _____ Owner Phone #: _____

Owner’s Name & Email: _____

Complete only items Applicable

Proposed New Structure/Project: _____

Total exiting impervious (sq ft): _____

Proposed additional impervious (sq ft): _____

Must Complete

Lot Dimensions		Dimensions of Proposed Structure		Proposed Setbacks	
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.

When approved by the Zoning Officer, this form becomes a Use and Zoning Permit.

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)			
☐	No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
☐	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	_____

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 _____

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

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

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 \$ _____

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)

\$ _____

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

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

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



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: _____