

A SIGNED COPY OF THE CONTRACT MUST BE SUBMITTED WITH APPLICATION



Tax Parcel # _____
Date _____

**SWIMMING POOL, SPA & HOT TUB
PERMIT APPLICATION**

*Willistown Township
688 Sugartown Road
Malvern, PA 19355*

Phone 610.647.5300 Fax 610.647.8156

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Swimming pools, spas, and hot tubs are regulated by the 2015 International Pool & Spa Code and the 2015 International Residential Code.

The following are required inspections:

- a) Steel
- b) Bonding of Steel
- c) Pool Electrical Equipment (third party certified)
- d) Entrapment Protection
- e) Barrier Requirements
- f) Grading

In order to issue a permit, all of the above items will be addressed in the submitted construction documents. IRC 2015, Section R106.1, Construction Documents, lists an exception to the provision that allows the Building Official to waive the requirement that submitted documents be prepared by a registered design professional.

Construction documents submitted will indicate that the requirements of Appendix G will comply.

In the event that the installation and or location requires a change of grading to existing conditions, a grading plan will accompany the application. (See R401.3 2015 IRC and Chapter 73 of the Code of the Township of Willistown, specifically Article II, Conservation Practices.)

A certificate of occupancy is a requirement and is use precedent. This means that the pool, spa, or hot tub is not to be used for its intended purpose until the certificate of occupancy is issued. Use prior to the issuance of the certificate of occupancy is a violation of the Code (see R113, Violations) and will be treated as such, as allowed by the Code.

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**Swimming Pool & Barrier
Electrical & Zoning Permit Requirements**

1. Please keep all paperwork attached as given and return entire packet.
2. Zoning Permit is required and a \$100.00 fee must be paid when the entire application is submitted.
3. Site plan is required.
4. Electrician must be registered.
5. Two sets of construction drawings are required.
6. Property owner is required to sign applications in required fields.
7. Barrier must be shown on construction documents.
8. Steel reinforcement inspection will only be scheduled the day the Gunite placement is to be done.
9. The completed list of all subcontractors under the pool general contractor will be submitted with the pool/barrier application.

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PERMIT APPLICATION**

*Willistown Township
688 Sugartown Road
Malvern, PA 19355*

Phone 610.647.5300 Fax 610.647.8156

Property Address/Site Location:

Address _____ City _____ State _____ Zip _____
Please Print Name _____ Telephone Number _____

Location of Pool (if different from above):

Address _____ City _____ State _____ Zip _____

Contractor Information:

Name of Company _____
Address _____ City _____ State _____ Zip _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of this jurisdiction. All work is to be done in accordance with Willistown Township ordinances.

Contractor's Signature _____
Please Print Name _____ Telephone Number _____

Pool Type – NSPI Designation:

1. In-ground Pool _____
Type O _____ Type I _____ Type II _____
Type III _____ Type IV _____ Type V _____
2. Diving Board Length _____ Height Above Water _____
3. Above-ground Pool _____ Fold-up Ladder _____
4. Pool Cover _____ Type of Cover _____

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INSPECTIONS REQUIRED:

1. Steel Reinforcement, if applicable _____
2. Steel Wall Assemblies, if liner pool _____
3. Electrical (2) Bonding and Final* _____
*These inspections are done by a third party inspection agency.
4. Final Inspection for Use and Occupancy _____
*Barrier must be in place prior to this inspection.

ADDITIONAL REQUIRED:

1. **Attach a plot plan** (show drawing of dimensions to property lines).
2. **Please submit two sets of plans with application which indicate cross section with dimensions per NSPI or ICC and a plan view.**
3. **Cost of Improvement/Work** _____ (labor and materials only)
4. **This permit application includes a barrier permit.**

I hereby certify that the signature below is that of the legal owner of the subject property, subject to penalty of law for unsworn statements to public officials:

Property Owner's Signature _____
Please Print Name _____ Telephone Number _____

Please do NOT write below this line

Permit # _____ Date Received _____ Date Issued _____ Amount Paid \$ _____

Code Administration Officer _____ Date _____

Approved _____ Reason for Disapproval _____

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ZONING/POOL BARRIER PERMIT APPLICATION

Fee: \$100

Fee Due Upon Permit Submittal

*Willistown Township
688 Sugartown Road
Malvern, PA 19355*

Phone 610.647.5300 Fax 610.647.8156

Owner's Property Address:

Address _____ City _____ State _____ Zip _____

Site Property Address:

Address _____ Lot # _____

Zoning District _____

Contractor Information:

Name of Company _____ Cost of Improvement /Work _____

Type of Barrier: _____ Privacy _____ Agricultural _____ Pool _____ Other

Explain "Other" Barrier Type _____

Setbacks: Front _____ ft. Side _____ ft. Side _____ ft. Rear _____ ft.

Height of Barrier _____ ft. Solid _____ 50% Open or More _____

Yes/No

Yes/No

Request for the following:

| | | |
|---|------------------------------|------------------|
| _____ Addition | _____ Single Family Dwelling | _____ Alteration |
| _____ Commercial Building | _____ Storage Shed | _____ Garage |
| _____ Sign | _____ Swimming Pool | _____ Tent |
| _____ Change in use (Commercial use ONLY) | _____ Wall | _____ Fence |
| | | _____ Other |

Barrier Drawings: An elevation architectural drawing or suitable reproduction of such drawing from promotional materials of the manufacturer of the fence proposed to be erected indicating, to scale, the material, colors and surface, treatment, components, dimensions, manner of connection, alteration of direction, and manner of installation of the proposed fence.

Plot Plan: A plot plan must be submitted to the Township, showing the outer bounds of the property(s) on which the fence is proposed to be erected with at least the accuracy of the official Chester County Tax Maps for Willistown Township and indicating, to scale, the proposed location of the fence in plan view. Please reference the title owner of the properties immediately adjoining the subject properties of where the proposed fence is to be constructed.

**Applicant certifies that all information contained herein is true and accurate as submitted.

Property Owner's Signature _____

Please Print Name _____ Telephone Number _____

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BUILDING AND IMPERVIOUS COVERAGE WORKSHEET

In accordance with Ordinance No. 1 of 2001, all new construction and remodeling projects must meet the requirements of the Building and Impervious Coverage percentages as described in the ordinance.

Total Lot Area: _____ sq.ft.

Property where construction is to be completed

Building Coverage:

Calculated in square footage (footprint only)

| <u>Structures</u> | <u>Present</u> | <u>New</u> | <u>Total</u> |
|--------------------------|-----------------------|-------------------|---------------------|
| House/Additions | _____ | _____ | _____ |
| Porch | _____ | _____ | _____ |
| Deck | _____ | _____ | _____ |
| Garage | _____ | _____ | _____ |
| Storage Buildings | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |

Impervious Coverage:

Calculated in square footage (footprint only)

| <u>Areas</u> | <u>Present</u> | <u>New</u> | <u>Total</u> |
|---------------------|-----------------------|-------------------|---------------------|
| Driveways | _____ | _____ | _____ |
| Walkways | _____ | _____ | _____ |
| Patios | _____ | _____ | _____ |
| Pool and Coping | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |

Definitions:

Building Coverage: The aggregate of the maximum horizontal cross-section areas of all the buildings on a lot, excluding cornices, eaves, gutters, chimneys projecting not more than 18 inches, bay windows not extending through more than one story and not projecting more than five feet, uncovered steps and balconies, but including porches, breezeways and carports.

Impervious Coverage: Material which is or is likely to become impenetrable and unable to absorb water, including but not limited to buildings, structures and paved or graveled areas (driveways, parking lots, sidewalks, terraces, patios, swimming pools, tennis courts, etc.)

Please do NOT write below this line

Total Building Coverage Percentage

_____ *Proposed*

_____ *Allowed*

Total Impervious Coverage Percentage

_____ *Proposed*

_____ *Allowed*

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**WILLISTOWN TOWNSHIP
ZONING PERMITS**

What is a Zoning Permit?

Willistown Township is divided into eleven (11) different zoning districts with nine (9) different overlays within several of the eleven (11) zoning districts. The Zoning Ordinance describes the uses permitted in each district and establishes the standards that uses must meet to be allowed in the districts. The zoning permit procedure is established to ensure that uses specifically proposed to be located in a particular district meet the standards for that district.

Do I need a Zoning Permit?

The Zoning Officer will help you determine if you need a zoning permit. A zoning permit endorsement is required before the issuance of all building permits. A separate zoning permit application is needed only when an existing commercial use of a structure is proposed to be changed and no building permit is involved. Examples include the change of general office to the use of a doctor's office or the change of general office to the use of a restaurant.

How do I apply and how much does it cost?

Application forms and filing information are available at the Willistown Township Administrative Offices, 688 Sugartown Road, Malvern, PA 19355. An application requires a filing fee of \$100.00 to be paid before the issuance of the permit.

How are Zoning Permits reviewed and decided?

The Zoning Officer checks the application and all data to see that all provisions of the Zoning Ordinance are complied with. If architectural and site plan approval is also required for the proposed use, the zoning permit request is referred to the Building Department for review and comment.

If the Zoning Officer finds that the proposed use complies with all applicable provisions of the Zoning Ordinance, the zoning permit will be issued and a written record maintained of the findings. If all of the provisions of the ordinance are not complied with, it will be denied and all reasons set forth in writing.

What happens if my request is denied?

If the Zoning Officer denies a zoning permit request, the decision may be appealed to the Zoning Hearing Board as described in the Township Code.

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ELECTRICAL PERMIT APPLICATION

Willistown Township
688 Sugartown Road
Malvern, PA 19355

Phone 610.647.5300 Fax 610.647.8156

PA State Registration # _____ Cert Ins _____ Liability _____ W/C _____
ICC Certification # _____ WT Registration # _____

Property Address/Site Location:

Address _____ City _____ State _____ Zip _____

Property Owner's Signature _____

Please Print Name _____ Telephone Number _____

Contractor Information:

Name of Company _____

Address _____ City _____ State _____ Zip _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of this jurisdiction.

Contractor's Signature _____

Please Print Name _____ Telephone Number _____

1. Description of Electrical Work & Size of Service _____

2. Attach documentation of proposed work. New service requires load calculations at 400A or less.
(E3502.2 & RC2009)

3. Cost of Improvement/Work _____ (labor and materials only)

Third Party Required by Willistown Township (Proof of Inspection MUST be sent to Township)

United Inspection Agency, Inc.
35 Clayburgh Road
Thornton, PA 19373
Phone 610.399.5094 Fax 610.399.5126

Please do NOT write below this line

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