



**EAST COVENTRY TOWNSHIP  
CHESTER COUNTY, PENNSYLVANIA**

**APPLICATION FOR  
SWIMMING POOL PERMIT**

PERMIT #:

855 Ellis Woods Road  
Pottstown, PA 19465  
610-495-5443  
610-495-9925 (Fax)

**PART 1 – INSTRUCTIONS**

- Review Chapter 27 Zoning Codes of the Code of the Township of East Coventry, available online at <https://ecode360.com/EA2224> and for purchase or review at the Township Building.
- **Submit three (3) paper copies of this Application and details of the work to be completed.**
- An Application for Zoning Permit must accompany this Application (attached).
- An Application for Electrical Permit must accompany this Application.
- Contractors shall submit a Certificate of Insurance.
- The Application must be signed by both the Applicant and the Property Owner. Electronic signatures of the Property Owner will not be accepted.

**PART 2 – APPLICANT INFORMATION**

Applicant Name:

Applicant Address (if P.O. Box, include street address also):

City, State and Zip Code:

Telephone Number:

Fax Number:

Email Address:

Property Owner Name:

Property Owner Address (if P.O. Box, include street address also):

City, State and Zip Code:

Telephone Number:

Fax Number:

Email Address:

**PART 3 – PROPERTY INFORMATION**

Property Address:

Tax Map ID#:

Subdivision Name (if applicable):

Lot # (if applicable):

**PART 3 – DESCRIPTION OF WORK**

SIZE: Max Length: \_\_\_\_\_ Max Width: \_\_\_\_\_ Max Depth: \_\_\_\_\_

TYPE: Inground:  Above Ground:

DIVING BOARD:  Yes  No

PERMIT #:

LOCATION ON LOT: Include a plot plan showing property lines, setback distances and location of the following improvements (provide 2 complete sets of construction documents and show pool cross section): (a) all existing buildings; (b) well(s); (c) septic system(s), tanks, drain fields; (d) driveways; (e) the location of the pool, showing the distance from all property lines and improvements; (f) the location of all pool equipment (filter, decks, walkways, sliding boards, etc.).

Is there a permanent electric supply line to the pool or filter:  Yes (if yes, give details)  No

a) Type of wire: \_\_\_\_\_ Length: \_\_\_\_\_ Depth: \_\_\_\_\_

b) Circuit protector: 15 amp  20 Amp  30 Amp

c) Is there a ground fault interceptor on the service line:  Yes  No

Will there be any overhead electric wires directly above pool or within 18 feet of water surface:  Yes  No

Perimeter fence: Type: \_\_\_\_\_ Height (48' minimum) \_\_\_\_\_

*Self-locking/child proof gate required.*

**PART 5 – CONTRACTOR INFORMATION (if different than Applicant)**

Contractor Name:

Contractor Address (if P.O. Box, include street address also):

City, State and Zip Code:

Telephone Number:

Fax Number:

Email Address:

Cost of Improvement: \$ \_\_\_\_\_

**PART 6 – REQUIRED ATTACHMENTS**

- Check if Electrical Permit Application is attached.
- Check if Zoning Permit Application is attached.
- Check if plot plan is attached.
- Check if insurance certificate is attached.

**PART 6 – CERTIFICATION**

**Complete of Applicant is Not the Property Owner:**

I/we hereby represent and acknowledge that I/we am/are the owner(s) of legal title of the subject property of the Application, and that I/we hereby consent to the filing of this Application by the Applicant. Applicant agrees to be responsible for payment of all fees and costs associated with this Application.

Owner(s) of Legal Title:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**EAST COVENTRY TOWNSHIP  
CHESTER COUNTY, PENNSYLVANIA**

**APPLICATION FOR  
ZONING PERMIT**

PERMIT #:

855 Ellis Woods Road  
Pottstown, PA 19465  
610-495-5443  
610-495-9925 (Fax)

**PART 1 – INSTRUCTIONS**

- Review Chapter 27, Zoning of the Code of the Township of East Coventry, available online at <https://ecode360.com/30868304#30868304> and for purchase or review at the Township Building.
- Submit three (3) paper copies of this Application, plot plan, contractor's Certificate of Insurance, and all other supplemental documentation to detail the work to be completed.
- The Application must be signed by both the Applicant and the Property Owner. Electronic signatures of the Property Owner will not be accepted.

**PART 2 – APPLICANT INFORMATION**

Applicant Name:

Applicant Address (if P.O. Box, include street address also):

City, State and Zip Code:

Telephone Number:

Fax Number:

Email Address:

Interest of Applicant in Property described in Part 4 (check one):

Owner(s) of record title

Owner(s) of equitable title

Lessee(s)

Other (*describe*):

**PART 3 – PROPERTY OWNER INFORMATION**

Property Owner Name:

Property Owner Address (if P.O. Box, include street address also):

City, State and Zip Code:

Telephone Number:

Fax Number:

Email Address:

**PART 4 – PROPERTY INFORMATION**

Property Address:

Chester County Tax  
Map Designation:

Subdivision Name (if applicable):

Lot # (if applicable):

Corner Lot:  Yes  No. If yes, indicate all streets abutting the subject property:

**PERMIT #:**

Zoning District Classification:		Lot Area: _____ square feet (_____ acres)
Dimensions:	Length of front lot line: _____ feet	Lot width (at building setback line): _____ feet
	Length of side lot lines: _____ feet	Length of rear lot line: _____ feet

**Impervious Surface/Cover Calculation:**

*Any surface or constructed material, which is impenetrable to the passage of water or other liquids under normal conditions and thus produces stormwater runoff from precipitation. All buildings, including roof overhangs, parking areas, driveways, roads, sidewalks, stone driveways or parking areas, and other such areas in concrete or asphalt, shall be considered as contributing to total impervious cover. For purposes of determining compliance with maximum impervious cover limitations on any lot or tract, impervious cover shall be measured as a percentage of net tract area.*

Existing impervious surface/cover: \_\_\_\_\_ sq. ft./Lot sq. ft. = % of Lot: \_\_\_\_\_

Proposed additional impervious surface/cover: \_\_\_\_\_ sq. ft./Lot sq. ft. = % of Lot: \_\_\_\_\_

Total impervious surface/cover on lot (existing + proposed): \_\_\_\_\_ sq. ft.

Percent of Lot having impervious surface/cover: \_\_\_\_\_ % (Total sq. ft./Lot sq. ft. = % of Lot)

**Building Coverage Calculation:**

*The ratio of the total ground floor area of all buildings on a lot to the total area of the lot on which they are located or the percentage of lot area covered by buildings.*

Existing building coverage: \_\_\_\_\_ sq. ft./Lot sq. ft. = % of Lot: \_\_\_\_\_

Proposed additional building coverage: \_\_\_\_\_ sq. ft./Lot sq. ft. = % of Lot: \_\_\_\_\_

New building coverage (existing + proposed): \_\_\_\_\_ sq. ft./Lot sq. ft. = % of Lot: \_\_\_\_\_

**LOCATION ON LOT:** Attach a plan of the subject property indicating: the size, dimensions and shape of the subject property; the size, dimensions and locations of all building, structures, yards and open spaces on the subject property; and the size, dimensions, number and location of all off-street parking spaces and areas, off-street loading spaces and areas, and signs on the subject property.

Cost of Improvement: \$ \_\_\_\_\_

**PART 5 – CHANGE IN USE OF SUBJECT PROPERTY OR ANY BUILDING OR OTHER STRUCTURE THEREON**

*(NOTE: complete only if use of building, structure or land is being changed. If no change is in use, proceed to Part 6 – Required Attachments)*

Describe the proposed use, or the change in use, of the subject property and/or any buildings or other structure thereon for which this application is made. Indicate the number of employees if the proposed use or the change in use is non-residential:

Describe the existing or previous use of the subject property. Indicate the number of employees of the existing or previous use.

List the date on which the building was last occupied by the previous or existing use.

PERMIT #:

Is the building or space equipped with a fire protection system?  Yes  No  
If yes, please describe in detail.

Calculate the design occupant load for the building in accordance with Chapter 10, Section 1004 of the International Building Code.

Design occupant load: \_\_\_\_\_

Complete the following for each building and other structure on the subject property:

Size: \_\_\_\_\_

Height: \_\_\_\_\_

Location on subject property in relation to lot lines: \_\_\_\_\_

Lot coverage (sq. feet): \_\_\_\_\_

Indicate the dimensions of all yards and open spaces on the subject property, including:

Front yard: \_\_\_\_\_ sq. ft.

Side yards: \_\_\_\_\_ sq. ft; and \_\_\_\_\_ sq. ft.

Rear yard: \_\_\_\_\_ sq. ft.

Indicate the number and size of all off-street parking and off-street loading spaces and the location (including distance to lot lines) of all off-street parking and off-street loading areas on the subject property:

Indicate the number, type and location (include distance to lot lines) of all signs on the subject property:

Is the use or change in use served by public water?  Yes  No

If no, describe the type of water service:

*\*If the use is served by an on-lot water well, provide documentation from the Chester County Health Department approving these on-lot systems for the use proposed.*

Is the use or the change in use served by public sewage?  Yes  No

If no, describe the type of water service:

*\*If the use is served by an on-lot septic system, provide documentation from the Chester County Health Department approving these on-lot systems for the use proposed.*

Legal grounds believed to allow the use or the change in use:

1. Provisions of the Zoning Code (*indicate sections*):
  
2. Variance, special exception or other authorization granted by the Zoning Hearing Board (*indicate the type of authorization granted and the date of the Zoning Hearing Board Decision granting the authorization*):
  
3. Other (*specify*):

**PART 6 – REQUIRED ATTACHMENTS**

- Check if plot plan is attached.
- Check if Certificate of Insurance is attached..

**PART 7 – CERTIFICATION**

**Complete of Applicant is Not the Property Owner:**

I/we hereby represent and acknowledge that I/we am/are the owner(s) of legal title of the subject property of the Application, and that I/we hereby consent to the filing of this Application by the Applicant.

Owner(s) of Legal Title:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Applicant's Signature:**

The undersigned hereby affirms that, to the best of his/her knowledge and belief, all of the above statements and attachments are true, correct and complete. Applicant agrees to be responsible for payment of all fees and costs associated with this Application.

\_\_\_\_\_  
Applicant's Signature (REQUIRED)

\_\_\_\_\_  
Date



**EAST COVENTRY TOWNSHIP  
CHESTER COUNTY, PENNSYLVANIA**

**APPLICATION FOR  
ELECTRICAL PERMIT**

PERMIT #:

855 Ellis Woods Road  
Pottstown, PA 19465  
610-495-5443  
610-495-9925 (Fax)

**PART 1 – INSTRUCTIONS**

- Review Chapter 5 Building Codes of the Code of the Township of East Coventry, available online at <https://ecode360.com/EA2224> and for purchase or review at the Township Building.
- **Submit three (3) paper copies of this Application and details of the work to be completed.**
- Contractors shall submit a Certificate of Insurance.
- The Application must be signed by both the Applicant and the Property Owner. Electronic signatures of the Property Owner will not be accepted.

**PART 2 – APPLICANT INFORMATION**

Applicant Name:

Applicant Address (if P.O. Box, include street address also):

City, State and Zip Code:

Telephone Number:

Fax Number:

Email Address:

Property Owner Name:

Property Owner Address (if P.O. Box, include street address also):

City, State and Zip Code:

Telephone Number:

Fax Number:

Email Address:

**PART 3 – PROPERTY INFORMATION**

Property Address:

Tax Map ID#:

Subdivision Name (if applicable):

Lot # (if applicable):

**PART 3 – DESCRIPTION OF WORK**

Description of work:

**Enter the number and size of fixtures being repaired, replaced or installed.**

Service Amps \_\_\_\_\_ # of circuits \_\_\_\_\_ # of service outlets \_\_\_\_\_ 110V \_\_\_\_\_ 220V \_\_\_\_\_ Utility # \_\_\_\_\_

List Devices	Qty	Load/Output	List Devices	Qty	Load/Output	List Devices	Qty	Load/Output
Switches			Dishwasher			Heater		
Receptacles			Washer			Hot Water Heater		
Circuit Panel			Dryer					
Lights			Spa/Hot Tub					
Smoke Det.			A/C Unit					

- Check if re-introduction of service.
- Check if the insurance certificate is attached.

Cost of Improvement: \$ \_\_\_\_\_

**PART 4 – CERTIFICATION**

**Complete of Applicant is Not the Property Owner:**

I/we hereby represent and acknowledge that I/we am/are the owner(s) of legal title of the subject property of the Application, and that I/we hereby consent to the filing of this Application by the Applicant.

Owner(s) of Legal Title:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Applicant's Signature:**

The undersigned hereby affirms that, to the best of his/her knowledge and belief, all of the above statements and attachments are true, correct and complete. Applicant agrees to be responsible for payment of all fees and costs associated with this Application.

\_\_\_\_\_  
Applicant's Signature (REQUIRED)

\_\_\_\_\_  
Date