

Demolition Permit Application

Location of Proposed Work or Improvement

Municipality: _____ Borough Township

Site Address: _____ Tax Parcel: _____

City: _____ State: _____ Zip Code: _____

Zoning District: _____ Lot Size: _____

Property Owner(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Principal Contractor: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Description of the Proposed Work: _____

Estimated Cost: \$ _____

Proposed Use of Property: Vacant Land Other: _____

Pennsylvania One Call Ticket Serial Number: _____

Floodplain Development

Is the site located within an identified Special Flood Hazard Area? Yes No

Will any portion of the Special Flood Hazard Area be Developed? Yes No

Owner and/or agent shall verify that any proposed development activity complies with the requirements of the National Flood Insurance Program, the Pennsylvania Flood Plain Management Act (Act 166-1978), and any flood plain ordinance adopted by the municipality.

Applicant Certification

The applicant certifies that all information on this application is correct and the work will be completed in accordance with PA Act 45 (Uniform Construction Code) and any additional approved building code requirements or zoning ordinance adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations. Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

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.

I certify that I am aware of the municipality's inspection requirements and have received a copy of the required inspections. I am aware that the following inspections and/or meeting must be conducted:

- Pre-job meeting with the demolition contractor and municipal representative.
- After sealing and securing all storm and sanitary sewer lines leading from the structure; or
- After on-lot sanitary system has been removed or abandoned in place with the tank punctured and filled with clean material.
- After the breaking of any existing basement floor and prior to backfilling.
- Final inspection after property has been seeded and all course material removed.

I certify that all material removed from the demolition site will be disposed of at an approved landfill.

Finally, I am aware that a copy of the permit shall be kept on the site of the work until the completion of the project.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address

Date:

- I would like to receive my demolition permit electronically.

Email Address: _____

Required Project Documents:

The following must be submitted to be considered a complete application:

- A Certificate of Insurance showing proof of General Liability Insurance for work performed by a contractor.
- An Affidavit of Exemption or Proof of Workers Compensation Insurance.
- Payment of the required Application Fee.
- A copy of Commonwealth required Asbestos National Emission Standards for Hazardous Air Pollutants notification for the demolition of any structure for a commercial development.

FOR MUNICIPAL OFFICE USE ONLY

PERMIT NUMBER: _____ DATE: _____

TOTAL FEE: \$ _____ COLLECTED BY: _____

CONDITIONAL USE APPROVAL REQUIRED: () YES () NO

PLANNING COMMISSION MEETING DATE: _____

GOVERNING BODY MEETING DATE: _____

ZONING VARIANCE REQUIRED: () YES () NO

ZONING HEARING BOARD MEETING DATE: _____

CONTRACTOR'S GENERAL LIABILITY INSURANCE ON FILE: () YES () NO

CONTRACTOR'S WORKMAN'S COMPENSATION INSURANCE ON FILE: () YES () NO

IF NO, IS NOTARIZED CERTIFICATE OF EXEMPTION ON FILE: () YES () NO

IS PROPOSED PROJECT LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA: () YES () NO

IF YES, WHICH ZONE: _____

PERMIT APPROVAL

APPROVED () DISAPPROVED () _____ DATE: _____
BUILDING CODE OFFICIAL

APPROVED () DISAPPROVED () _____ DATE: _____
ZONING OFFICER