



Independence Township
Beaver County, Pennsylvania

INDEPENDENCE TOWNSHIP DEMOLITION PERMIT APPLICATION PACKET



DEMOLITION

Uniform Construction Code Act 45 of 1999

Administered by
Code.sys Code Consulting, Inc.
For the Township of Independence

Municipal Office 724-378-3739 Hours 8-4, M-F

Contact information for our inspectors if you need
Additional information or to schedule inspections:

Code.sys™ Code Consulting, Inc.

Chris Jolliffe
Building Inspector
cjolliffe@code-sys.com

1-877-821-0337 Ext. 54 321 Grant Avenue
Toll Free Pittsburgh, PA 15209
www.code-sys.com 412-821-0337, ext. 54
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Code.sys™ Code Consulting, Inc.

John T. Lucchesi
Electrical Inspector

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Toll Free Pittsburgh, PA 15209
www.code-sys.com 412-821-0337, ext. 55

CONSTRUCTION DRAWINGS REQUIREMENTS AND DEMOLITION PERMIT GUIDELINES

DRAWINGS

- Please provide location of dwelling(s) which are being removed from the premises. Please include property lines and where on the lot the existing dwellings which are being demolished are located.
- Identify the type and location of site utilities such as gas, electric, water, cable, telephone, etc. on the plan.
- Identify if any underground storage tanks (combustible and flammable liquids) are present on the property.

GUIDELINES

The following information must be submitted or addressed prior to issuance of a demolition permit

- Permit application and required fee submitted
- Site plan submitted with above information including on the same
- Asbestos shall be removed in accordance with PA Department of Environmental Protection Asbestos Removal Requirements
- Onlot wells to be abandoned shall have the pump removed; the shaft filled with clean stone and permanently capped 12 inches below finished grade
- Onlot septic systems (1) all tanks must be pumped, (2) all associated piping must be removed and properly disposed of, and (3) all tanks must be removed and properly disposed of or abandoned in place with holes punched in the tank bottom and filled with clean fill
- All excavations outside the street right of way must be filled with suitable uncontaminated material and installed to meet structural fill requirements if the area will be bearing surface for below or above ground structures or buildings
- Indicate whether demolition waste materials will be disposed of onsite or offsite. Only uncontaminated soil, rock, stone, gravel, concrete, brick, concrete block debris may remain onsite. All demolition materials removed from the site must be disposed of at an approved facility/site
- Future construction (if applicable) requires backfilling with approved engineered fill or excavation to virgin soil
- Notify PA One Call at 800-242-1776 at least 3 days prior to start of demolition or excavation

- No methods of demolition will be permitted which will not insure all phases of such demolition being strictly confined within the limits of the demolition areas, and without hazard to adjacent properties or to the public
- Explosives may not be used to demolish any unit of structure
- Under no circumstances shall any structure be set afire unless under the direct supervision of the Independence Volunteer Fire Department for training purposes
- All buildings shall be completely razed. All floor construction over basements shall be removed; interior basement partitions and pieces of solid masonry construction shall be completely removed. All basement, cellar or foundation walls shall be completely removed
- Masonry basement floors may be cracked and left as part of the backfill if they are more than 18 inches below ground level
- All basement partitions, furnaces, heating apparatus, piping, gasoline or oil tanks, miscellaneous fixtures and stairways shall be removed from the area of condemnation
- All requirements of the International Building Code pertaining to demolition must be complied with.

CALL BEFORE YOU DIG!

PENNSYLVANIA LAW REQUIRES
3 WORKING DAYS NOTICE FOR
CONSTRUCTION PHASE AND 10 WORKING
DAYS IN DESIGN STAGE—STOP CALL
Pennsylvania One Call System, Inc.

1-800-242-1776



REQUIRED INSPECTIONS UNDER PA UCC ACT 45-1999

PERMIT NO.: _____

LOCATION: _____

MUNICIPALITY: _____ COUNTY: _____

- (1) Upon receipt of approved demolition permit, such permit must be posted on the job site so it is visible from the street and remain posted until a final inspection has been made
- (2) The approved demolition permit will become null and void if construction work is not started within 180 days of date the permit is issued as noted on the building permit. Work must be completed within five (5) years of date of issuance.

REQUIRED INSPECTION PROVIDED BY THE TOWNSHIP

These inspections may be scheduled Monday through Friday between 8:00 a.m. and 4:30 p.m. by contacting CHRIS JOLLIFFE, Building Inspector at 412-821-0337, Ext 54. Kindly give 2 working days advance notice. Electrical and Plumbing inspectors names and extensions are listed below.

Indicates if Required

- Demolition** – Cap all utilities and return to grade – contact CHRIS JOLLIFFE @ 412-821-0337 ext. 54

DEMOLITION PERMIT APPLICATION

DATE APPLICATION RECEIVED: _____

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

SUBDIVISION: _____

MUNICIPALITY: _____ COUNTY: _____

OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

DEMOLITION PERMIT

DESCRIPTION OF DEMOLITION: _____

TOTAL SQ. FT. OF DEMOLITION: _____ EST. COST OF DEMOLITION: _____

CONTRACTOR NAME: _____ (INSERT "SELF" IF YOU ARE THE CONTRACTOR)

DBA: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

X _____
APPLICANT/AGENT SIGNATURE PRINT NAME DATE

FOR DEPARTMENT USE ONLY

DEMOLITION PERMIT APPLICATION APPROVED DENIED DEMOLITION PERMIT FEE \$ _____

BY: _____

MUNICIPAL FEE \$ _____

DATE.: _____

TRAINING FEE \$ _____

PERMIT NO.: _____

TOTAL PERMIT FEE \$ _____

REASON(S) FOR DENIAL: _____

WORKER'S COMPENSATION ADDENDUM

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

PART I

The Applicant for the Building Permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance OR Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

PART 11

Basis for exemption (check one):

- Applicant is an individual who owns the property
- Contractor/Applicant is sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.

Please explain: _____

- All of the Contractor/Applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain: _____

- Other:

Please explain: _____

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to un-sworn falsifications to authorities.

Signature: **X** _____ Title: _____

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

OSHA SAFETY STANDARDS SIGNOFF

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

**I AM FULLY AWARE OF THE U.S. DEPARTMENT OF LABOR,
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
(OSHA) STANDARDS AND UNDERSTAND THAT I MUST
COMPLY WITH THESE STANDARDS FOR THE DURATION OF
MY CONSTRUCTION PROJECT.**

X

SIGNATURE OF APPLICANT/OWNER

DATE