

**EAST PETERSBURG BOROUGH, LANCASTER COUNTY, PA
UNIFORM CONSTRUCTION CODE -
DEMOLITION- PERMIT APPLICATION**

PLEASE PRINT LEGIBLY

I (we) hereby wish to make application for the following demolition permit:

Location of the Proposed Demolition: _____

Tax Parcel # _____

Site Address: _____ City & Zip _____

Type of structure to be demolished: _____

Reason for demolition: _____

Directions to Site:

Owner: _____

Area Code & Phone # _____

Cell# _____

Email: _____

Complete Mailing Address: _____

Contractor: _____

Area Code & Phone # _____

Cell# _____

Email: _____

Complete Mailing Address: _____

Date of Application: _____

Signature: _____

(If joint ownership, either party may sign)

AFFADVIT

COMMONWEALTH OF PENNSYLVANIA, COUNTY OF _____ SS: _____

Before me, the undersigned authority In and for the Commonwealth and County aforesaid personally appeared: _____

who, by me, first duly sworn to law depose(s) that he/she or they (is or are) the owner(s) of the above described property, that all the statements contained are truly and correctly set forth to the extent and character of the work for which this application has been made.

{Signature of Owner}

Sworn to and subscribed before me this day of 20
(Affix seal of Office)

(Notary Public, Justice of the Peace or Alderman)

My commission expires _____ **20** _____

DEMOLITION REGULATIONS

1. Verification from all applicable utilities is required to confirm disconnects/shut-off, etc. These documents must be submitted with the application.
2. Is This a Historic Property or Building?
3. Only methods of demolition' will be permitted which insure that all phases of such demolition are strictly confined within the limits of the demolition area, and without hazard to adjacent properties, or to the public.
4. Explosives may not be 'used to 'demolish any unit or structure.
5. Under no circumstances shall any structure be set afire.
6. 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.
7. Masonry basement floors may be cracked and left as part of the backfill if they are more than 18 inches below ground level. Basement floor broken in to 8" pieces to allow drainage of water.
8. All basement partitions, furnaces, heating apparatus, piping, gasoline or oil tanks, miscellaneous fixtures and stairways shall be removed from the area of condemnation.
9. All-rubbish and debris found on the demolition area at the start of the work as well as that resulting from the demolition activities or deposited on the site by others until final inspection and approval shall be removed and legally disposed of by the contractor who shall keep the project area and public right-of-way reasonably clear at all times. Removal of debris to be recycled at end of job reasonable removal of dumpsters at reasonable hours to not disturb neighbors.
10. Before starting backfilling operations, the contractor shall have inspected the empty basement with the Inspector.
 - a. No masonry materials larger than eight in any dimension will be considered suitable. No combustible material of any kind will be used or permitted in the backfilling. Fill should be hauled in and not gouged from the surrounding terrain.
 - b. Prior to placing the first layer, existing cellar floors and other surfaced areas shall be broken to insure adequate drainage.
11. The final 18" to the existing ground level shall be filled with clean dirt which is free of rubble and vegetable matter. The site shall be left in a clean and aesthetic condition with back filled shaped to the level of the surrounding terrain.
12. Final grading shall include two inches of topsoil on top of the lot and seeding with approved seed.
13. All requirements of the 2015 International Building Code pertaining to demolition must be complied with.

I have read the above regulations and agree to comply with the same.

Signature of Applicant

Date

Notify **PA One Call** at 800-242-1776 at least 3 days prior to start of demolition or excavation.



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only	Date Received 1	Date Received 2
Postmark Date: _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Project ID#: _____		
Permit #: _____		
Other #: _____		
Inspector: _____		
<p>NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).</p>		

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one): <input type="checkbox"/> Revision (highlight here, and changes) <input type="checkbox"/> Postponement Date of Initial Notification or, if previously revised, date of last revision: _____	<input type="checkbox"/> Initial <input type="checkbox"/> Phase of Annual Notification <input type="checkbox"/> Annual Notification <input type="checkbox"/> Cancellation
2.	PROJECT LOCATION (check one): <input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA (specify county): _____ <input type="checkbox"/> Municipality (specify): _____	
3.	FOR ALLEGHENY COUNTY AND CITY OF PHILADELPHIA PROJECTS ONLY: A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.) B. For City of Philadelphia projects requiring a permit: Asbestos project inspector: _____ Certification #: _____ Company name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).	
5.	TYPE OF OPERATION (check all that apply): <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Abatement prior to Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation	
6.	FACILITY DESCRIPTION: Job No.: _____ (see instructions) Facility Name: _____ Street/Rural Address: _____ City: _____ State: <u>PA</u> Zip Code: _____ Present use: _____ Prior use: _____ Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Facility size in square feet: _____ # of floors: _____ Age in years: _____	
7.	ABATEMENT CONTRACTOR: Company name: _____ Allegheny County or City of Philadelphia License # (if applicable): _____ Street/Rural/POB Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone No. (between 8:00 & 4:30): _____	

8. DEMOLITION CONTRACTOR:
 Company name: _____
 Street/Rural/POB Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone No. (between 8:00 & 4:30): _____

9. FACILITY OWNER:
 Owner name: _____
 Street/Rural/POB Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone No. (between 8:00 & 4:30): _____

10. FACILITY INSPECTION (required for renovation and demolition projects):
 Building inspector: _____ Certification #: _____
 Date of inspection: _____ Is any material assumed to be asbestos? Yes No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:

Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT? Yes No If Yes, please list in #12.

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.
PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****

Code *	Code **	Code ***	Code ****
Type of ACM	Units	Type of abatement	Final Clearance
FRI - Friable ACM	LF - Linear ft.	REM - Removal	PCM - Phase contrast microscopy
NF1 - Cat I nonfriable ACM	SF - Square ft.	CAP - Encapsulation	TEM - Transmission electron microscopy
NF2 - Cat II nonfriable ACM	CF - Cubic ft.	CLO - Enclosure	
(Note: Allegheny County treats all ACM as friable)		NON - None	

13. Is this project regulated by NESHAP? Yes No
 A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable):

- A. Asbestos abatement: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ am pm to _____ am pm
 Days of week (check): Mo Tu We Th Fr Sa Su
- B. Demolition: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ am pm to _____ am pm
 Days of week (check): Mo Tu We Th Fr Sa Su
- C. Renovation: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ am pm to _____ am pm
 Days of week (check): Mo Tu We Th Fr Sa Su

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

17. WASTE TRANSPORTER(S):

- A. Transporter #1 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. Transporter #2 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

18. WASTE DISPOSAL SITE(S) (any asbestos containing material):

- A. Landfill name: _____ DEP permit #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. Landfill name: _____ DEP permit #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S):

- A. Company name/individual: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. Final clearance firm: (if different than 19A) _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- Final clearance firm was hired by (check one): Contractor Owner
 Other: Explain: _____

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only):

- A. PCM company name/individual: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. TEM company name: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ am pm

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: _____
Name of individual who ordered: _____ Title: _____
Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: _____ Certification #: _____
Contractor (Individual): _____ Certification #: _____
Supervisor: _____ Certification #: _____
Contractor (Firm): _____ Certification #: _____

******* SIGN BOTH STATEMENTS *******

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: _____ Title: _____

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: _____ Title: _____

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