

DEMOLITION PERMIT APPLICATION CHECKLIST

- Building Permit Application completely filled out and signed.
- Demolition permit fees per building:
 - Residential Demolition -- \$100.00
 - Non-Residential -- \$.05 per square foot, \$200.00 minimum
- Proof of PA One Call receipt. PA One Call must be made 10 days prior to demolition (1-800-242-1776) www.paonecall.org
- Fill out the attached Worker's Comp Compensation Insurance Information Form and provide general contractors proof of Worker's Compensation Insurance Certificate with "Township of South Fayette", 515 Morgan, PA 15064 stated as the certificate holder or claim an exemption with the attached Worker's Compensation coverage information form (must be notarized if an exemption is claimed).
- Proof of compliance of Allegheny County Health Department on asbestos in demolition.
- Provide minimum of pictures of all sides of the structure to be demolished.
- Provide a copy of the demolition contract.
- Provide a letter stating which approved dumpsite the debris will be taken to and bills of Lading after demolition.
- Provide a notarized affidavit for the disconnection of electric, gas and public water. Submit a copy of written confirmation gas and electric service disconnects/removal of service drops/removal of service pipe.
- Provide confirmation of approved removal of septic system.
- Provide confirmation that existing well has been capped by an approved well driller.
- Provide Lead Abatement Plan as required by Federal, State and County Law. The plan should provide a full description of the lead abatement and provide a series of approvals and inspections.
- Complete, sign and submit the "Permit Agreement" Form.
- Contact South Fayette Municipal Authority and Allegheny county Health Department for required permits and inspections to disconnect and cap sanitary pipes prior to demolition.



SOUTH FAYETTE TOWNSHIP

A Community Growing Together

Building Permit Application

www.southfayettepa.com

TOWNSHIP USE ONLY

Permit Fee: _____ Occ. Permit Fee: _____ Issued Date: _____ Permit No. _____

Residential **APPLICATION FOR A PERMIT FOR:** Commercial

Building Zoning Signs Swimming Pool Deck Demolition Other _____

Type of Zoning Permit: Business Occupancy Deck under 30" above grade Detached Accessory Structure under 1,000 sq. ft.

Applicant: _____ Email: _____

Address: _____ Telephone: _____

Owner: _____ Email: _____

Address: _____ Telephone: _____

Contractor: _____ Email: _____

Address: _____ Telephone: _____

Architect: _____ Email: _____

Address: _____ Telephone: _____

CONSTRUCTION SPECIFICATIONS:

Site Address: _____ Estimated Cost of Construction: _____

Description of Work/Proposed Use: _____

Width: Front _____ Rear _____ Depth _____ Height (at highest point) _____ Total Square Feet _____

Energy Compliance Method (Please Check): PA Alternative ResCheck or ComCheck IECC

Workers Compensation provided with this application: Yes No Applicant Exempt: Yes No

Allegheny County Tax: ID# _____ Lot No. _____ Plan _____

Remarks: _____

The applicant hereby agrees to comply with the provisions of all local laws and ordinances and the Pennsylvania Uniform Construction Code regulating building construction in the Township of South Fayette.

Applicant Signature: _____ Date: _____

TOWNSHIP USE ONLY

Zoning District: _____ Zoning Use Classification: _____

Permit Issued under the _____

Type of Construction: _____

Use of Building: _____

Other Reviews	Initial	Attachments
<input type="checkbox"/> Zoning Variance	_____	_____
<input type="checkbox"/> Approved Conditions	_____	_____
<input type="checkbox"/> Flood Plain	_____	_____
<input type="checkbox"/> Bonding	_____	_____
<input type="checkbox"/> _____	_____	_____

	Fees
Building	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____
Payment	\$ _____
	<input type="checkbox"/> Cash
<input type="checkbox"/> Check	Check # _____

Zoning Officer: _____ Building Code Official: _____

UTILITY DISCONNECT AFFIDAVIT

I, _____
(PRINT GENERAL CONTRACTOR/OWNERS NAME)

(ADDRESS) (CELL NUMBER)

**HEREBY AFFIRM THAT ALL ELECTRIC, PLUMBING, SEPTIC
AND GAS SYSTEMS HAVE BEEN DISCONNECTED FROM:**

(PRINT SITE ADDRESS TO BE DEMOLISHED)

(SIGNATURE)

Personally Known or Produced Identification: Type of Identification: _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of notary

Stamp & Seal

Hazardous Building Components must be disposed of in accordance with County, State and Federal Law.

Fluorescent Light Bulbs that contain *mercury*. Mercury filled 4ft., 8ft., U-tube, circline, and compact florescent lamps are the most common types of florescent bulbs encountered.

High Intensity Discharge (HID) lamps that contain *mercury*. These lamps are often encountered in security and outdoor lighting applications. HID are also found indoor, high ceiling work areas such as, warehouses and supermarkets.

Thermostats that use *mercury* as a switching mechanism. The number of ampoules containing mercury depends on the temperature cycle and type of thermostat.

Mercury-bearing wall switches that use *mercury* as an electrically conductive switching mechanism. These "silent switches" are no longer manufactured, but they can still be found in older structures. Numerous industries also use mercury for various types of switches and relays.

Lighting ballasts for florescent light bulbs and HID lamps. These items may contain *Poly-chlorinated Biphenyls (PCBs)*, as well as other toxic chemicals such as, bis(2-ethylhexyl)ester di(2-ethylhexy) phthalate (DEHP).

Batteries encountered in emergency lighting, exit signs, security systems, and alarms. These batteries may contain *lead* and *cadmium*.

Lead Roof Flashing used to protect roof vents. Flashings mold easily and often contain pure *lead*.

Other Lead objects as *lead pipes* and *lead painted surfaces*. Surfaces such as, door frames and window sills may be easily removed.

Other hazardous materials such as discarded *paint, oil, pesticides, cleaners,* and other chemicals.

PENNSYLVANIA WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION FORM

DIRECTIONS: Please complete all sections. All blank spaces must be completed with the requested information and boxes must be checked as they pertain to your status with the Pennsylvania Workman's Compensation Insurance Law. If you are claiming an exemption, this form must be signed in front of a notary public.

The contractor for this building permit, in compliance with ACT 44 of 1993, hereby submits (please check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption (must be signed in front of a notary public)

- Name of Contractor _____
- Title of Company _____
- Address _____
- City _____ State _____ Zip Code _____ Phone# _____
- Contractor or policyholder's federal or state employer identification (EIN) number _____

If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

- Name of Insurer or Self-Insurer _____
- Address _____
- City _____ State _____ Zip Code _____ Phone# _____
- Policy No. _____ Coverage Period Ends _____

IF AN EXEMPTION IS BEING CLAIMED, PLEASE COMPLETE AND SIGN IN THE PRESENCE OF A NOTARY PUBLIC:
Basis for exemption is (please check one):

- The Contractor for this building permit is a sole proprietorship without employees
- The Contractor 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's employees on the project are exemption religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain: _____
- Other. Please explain: _____

Please be aware of the following requirements under the Pennsylvania Workers' Compensation Act:

- ⇒ The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
- ⇒ Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
- ⇒ The contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
- ⇒ Violation of the Workers' Compensation Act or the terms of this information form will subject the contractor to a stop-work order and other fines and penalties as provided by law.

My signature on behalf of or as the contractor as stated on this form constitutes my verification that the statements contained here are true, and that I am subject to the penalty relating to unsworn falsifications to Municipal representatives or authorities.

Signature _____ Date _____

Name (Please Print) _____

Title _____

Name of Company _____

Subscribed and sworn to before me this

_____ day of _____

_____ seal

(Signature of Notary Public)

My Commission expires: _____

Township of South Fayette Permit Agreement

In consideration of the issuance by the Township of South Fayette (the "Township") of a Building Permit, Zoning Permit and other permits for the property located at address,

_____ and to the undersigned property owner(s) or the agent (the "Applicant"), the Applicant acknowledges that, in reviewing plans and specifications, in issuing permits and inspection work of the Applicant; the employees, consultants, elected or appointed official of the Township are only performing their duties to require compliance with the minimum requirements of the applicable ordinances of the Township and the Pennsylvania Uniform Construction Code pursuant to the police power of the Township and are not warranting to the Applicant or to any third party the quality of adequacy of the design, engineering or work of the Applicant or their agents or contractors.

Applicant further acknowledged that although plan review and inspections will be provided, it will not be possible for the Township to review every aspect of the Applicant's design and engineering or to inspect every aspect of the Applicant's work. Accordingly, neither the Township nor any of its elected appointed officials, consultants or employees shall have any liability to the Applicant for defects or shortcomings in such design, engineering or work, even if it is alleged that such defects or shortcomings should have been discovered during the Township's review or inspection. Furthermore, the Applicant agrees to defend, hold harmless and indemnify the Township, its elected officials, consultants and employees from and against any and all claims, demands, actions, and causes of actions of any one or more third parties arising out of or relating to the Township's review or inspection of the Applicant's design, engineering, or work or issuance of a permit or permits, or arising out of or relating to the design, engineering or work done by Applicant pursuant to such permit or permits. All references in this Agreement to Applicant's design, engineering or work shall include such design, engineering, and work, which is performed by the Applicant or by the Applicant's employees, agents, independent contractors, subcontractors or any other person or entities performing work pursuant to the issuance of the Building Permit, Zoning Permit and other Permits by the Township.

Owner's Signature _____ Date _____

Print Name _____

Owner's Signature _____ Date _____

Print Name _____

Address of permitted work _____