

**APPLICATION FOR DEMOLITION PERMIT**

Township of Upper St. Clair  
1820 McLaughlin Run Rd., Upper St. Clair, PA 15241  
Phone: 412.831.9000 ext. 233 or 263 FAX: 412.854.0773 www.twpusc.org

PERMIT NO. BLD \_\_\_\_\_

I (We) hereby make application for a demolition permit. Attached are 2 copies of a survey of the lot showing the location of structure(s) to be demolished. Also attached are the following as applicable: a release from the utility companies, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed, sealed or plugged in a safe manner; a list of owners of adjoining lots and owners of wired or other facilities, of which the temporary removal may be necessary by the proposed work, along with a copy of written notice of demolition and certified mail return receipts or other proof of receipt.

**Property Address:**

**Plan or Subdivision:** **Zoning District:** **Lot No(s):**

**Type of Structure to be Demolished:**

Staff use only: SFD; SFA; MH; MF; HOT; SHL; COM; OPB; OPS; GAR; SGN; SWM; STG; FEN; OTH.

**No. of Stories:**

**Materials of Construction:**

**Reason for Demolition:**

**Owner(s) Name & Address:**

**City:**

**Zip:**

**Home Phone:**

**Business Phone:**

**Cell Phone:**

**Contractor Name:**

**Address:**

**City:**

**Zip:**

**Business Phone:**

**Cell Phone:**

**WORKERS COMPENSATION ACT – TO BE COMPLETED BY CONTRACTOR**

Contractor, in compliance with Act 44 of 1993, hereby submits: **(PLEASE CHECK ONE)**

- Certificate of Insurance ( ) Attached ( ) On File
- Certificate of Self-Insurance ( ) Attached ( ) On File
- Affidavit of Exemption ( ) Attached
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation or partnership and the only employees working on the job have and are qualified as "Executive Employees" under Section 104 of the Workers Compensation Act. Please explain:

**Contractor's Federal or State Employer ID No. (EIN):**

My signature on behalf of or as the Contractor 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 unsworn falsification to authorities.

**Contractor's Signature:**

**Print Name & Title:**

**Company Name:**

COMMONWEALTH OF PENNSYLVANIA : SS  
COUNTY OF ALLEGHENY :

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY

**FEE**

*\$44 flat fee (includes \$4.00 PA State Permit Surcharge) plus surety as determined necessary by Township to guarantee proper demolition and restoration of the site.  
(MAKE CHECK PAYABLE TO: "TOWNSHIP OF UPPER ST. CLAIR")*

**FEE PAID:**

**\$ 44.00**

**CHECK NO. & BANK NAME OR  
CASH RECEIPT NO.:**

**OWNER'S AFFIDAVIT**

COMMONWEALTH OF PENNSYLVANIA : SS  
COUNTY OF ALLEGHENY :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared

\_\_\_\_\_ who, being by me first duly sworn according to law, depose(s) and say(s) that, he, or she or they (is, are) the Owner(s) of the above-described property (or if said Owner is a firm or corporation, that he or she is an officer or representative of such firm or corporation), that all of the statements contained above and all of the statements contained on the reverse side hereof are true and correct, that the accompanying two copies of the survey correctly represent the above-described property and all existing structures and physical improvements thereon for which this application for Demolition Permit is made.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
OWNER(S) SIGNATURE(S)

**THIS SPACE TO BE FILLED IN BY BUILDING INSPECTOR ONLY**

**THE ABOVE APPLICATION HAS BEEN EXAMINED AND I HEREBY APPROVE THE ISSUING OF A DEMOLITION PERMIT.**

\_\_\_\_\_  
CHIEF INSPECTOR

DATE: \_\_\_\_\_

APPROVED

DENIED