

APPLICATION FOR DEMOLITION PERMIT

Township of Upper St. Clair
1820 McLaughlin Run Rd., Upper St. Clair, PA 15241
Phone: 412.831.9000 Ext. 5010
FAX: 412.854.0773
www.twpusc.org

OFFICE USE
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): _____
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Type of Structure to be Demolished(Circle One):
SFD; SFA; MH; MF; HOT; SHL; COM; OPB; OPS; GAR; SGN; SWM; STG; FEN; OTH _____

No. of Stories: _____	Materials of Construction: _____
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Reason for Demolition: _____

Property Owner's Name: _____

Address (if different from above): _____ **City:** _____ **Zip:** _____

Home Phone: _____	Email: _____	Cell Phone: _____
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Contractor's Name: _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Business Phone/Emergency Contact:: _____	Cell Phone: _____
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WORKERS COMPENSATION ACT *To be completed by contractor*

Contractor, in compliance with Act 44 of 1993, hereby submits: (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:

Township of Upper St. Clair must be listed at the Certificate Holder

Contractor's Federal or State Employer ID No. (EIN): _____	Company Name: _____
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Print Name & Title: _____

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: _____ **Date:** _____

FEE

***\$54.50 flat fee (includes \$4.50 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:

\$ 54.50

OFFICE USE

CHECK NO. & BANK NAME OR

CASH RECEIPT NO.:

PROPERTY OWNER'S STATEMENT

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I further agree to comply with the provisions of the Codes and Regulations of the Township of Upper St. Clair and all other applicable laws and regulations of Allegheny County, Commonwealth of Pennsylvania and the United States, whether or not specified in this application. In addition, I agree that if a permit is issued, the permit may be revoked by administrative action of the Township of Upper St. Clair for failure to comply with said laws and regulations.

Property Owner's signature

Date

FOR OFFICE USE ONLY

The above application has been examined and is hereby

APPROVED

DENIED

Township Inspector

Date