

**APPLICATION FOR DEMOLITION PERMIT
TUSCARORA TOWNSHIP, PERRY COUNTY, PA**

Tax Parcel ID # 260,

Zoning District _____

1. BUILDING/STRUCTURE OWNER'S INFORMATION

NAME/OWNER	ADDRESS	Phone No.:
(Telephone # of Applicant)		Email Address

Describe the project for which this application is being made: _____

Located: _____ I will be doing the work described myself. Yes No

2. DEMOLITION CONTRACTOR INFORMATION

NAME	ADDRESS	Phone No.:
<input type="checkbox"/> Residential Size: _____ Year Built: _____ Construction: _____		
<input type="checkbox"/> Commercial Size: _____ Year Built: _____ Construction: _____		
<input type="checkbox"/> Accessory Bldg. Size: _____ Year Built: _____ Construction: _____		

Demolition start date: _____ Demolition finish date: _____ Permit valid for 90 days

Is structure within 15 ft. of public road? NO YES

3. UTILITIES

The owner of the building, shall notify all utilities having service connections. Complete all areas in this portion of the form with disconnection date or scheduled date.

- Electric service disconnected YES NO
- Telephone service disconnected YES NO
- Water well capped YES NO
- Septic System crushed/filled YES NO

4. APPLICANT INFORMATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at ay reasonable hour, to enforce the provisions of the Codes governing this project.

Print Full Name	Phone No.	Email Address
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APPLICANT SIGNATURE: _____ Date: _____

(DO NOT WRITE IN SPACES BELOW)

Permit Issue Date: _____ Permit No. _____ Permit Expiration Date: _____

Fee: \$25.00 Fee Collected \$ _____ Check No. _____

Demolition and Removal Procedures:

1. The contractor shall remove the entire building, including all walls, floors, ceiling and foundation supports of all kinds to the basement level. The existing ground level shall be considered to be a straight line drawn between the front highest present elevation and the rear lot line elevation.
2. Demolition work shall be done in strict accordance with all applicable laws, ordinances and codes of Tuscarora Township.
3. In addition to other restrictions, the burning of any materials or rubble on the site is not permitted without approval from the Township.
4. If any building or part thereof which is being demolished contains asbestos in quantities or under circumstances subjecting such asbestos to Federal and/or State asbestos removal regulations, the removal of such asbestos shall be performed only by a person, firm or corporation certified by the applicable Federal and/or State statutes and regulations, no permit shall be issued and no work shall be commenced until a determination of the need for special asbestos removal procedures has been determined by the County Health Department.
5. The use of explosives to perform the work is prohibited.

Cleaning the Site:

The contractor shall remove all equipment and debris from the completed parcels and leave the grounds in a neat condition free from stones, rubbish or debris of any nature.

The **WORKER'S COMPENSATION REFORM ACT (ACT 44 OF 1993)** Effective August 31, 1993, requires all municipalities that issue Building/Zoning Permits to require proof of worker's compensation insurance prior to issuing a building/zoning permit to a contractor or to require an affidavit stating that the contractor is not required to carry worker's compensation insurance. An affidavit, by statutory definition, must be notarized. (if Section B or C are completed)

NOTE: If you are the owner of the property where the work is to be performed AND you are doing the work yourself or acting as a general contractor, please sign on the applicant's line. Notarization NOT required.

A. The applicant is:

A contractor within the meaning of the Pennsylvania Workers compensation Law

Yes No (If no, skip Sections B and C and sign below)

If the answer is "yes", complete Sections B and C below as appropriate and have form notarized.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation

Certificate attached

Name of Worker's Compensation Insurer _____

Worker's Compensation Insurer Insurance Policy No. _____

Certificate attached

Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. **Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.**

Religious exemption under the Workers' Compensation Law.

Signature of Applicant _____

Address _____

Date _____

Phone No.: _____