INDIANA COUNTY

Office of Planning and Development 801 Water Street Indiana, PA 15701 (724) 465-3870 Fax (724) 465-3151

| | FOR OFFICE USE ONLY | |
|----------------|---------------------|--|
| Permit # Date: | | |

Building Permit Application ~Residential Demolition~

| Owner of Property Current Mailing Address of Owner City Owner's Phone Number Owner's E-mail Address: Contractor: | Esting | mated Cost of Pro | oject \$ |
|---|-------------------------------|-------------------|----------|
| Owner of Property Current Mailing Address of Owner City Owner's Phone Number Owner's E-mail Address: Contractor: | x Parcel # State Cell Phone | Zip C | ode |
| Owner of Property Current Mailing Address of Owner City Owner's Phone Number Owner's E-mail Address: | State Cell Phone | Zip C | Code |
| City Owner's Phone Number Owner's E-mail Address: | State Cell Phone | Zip C | Code |
| Owner's Phone Number Owner's E-mail Address: Contractor: | Cell Phone | | |
| Phone Number Owner's E-mail Address: Contractor: | | | |
| Contractor: | | | |
| | | | |
| A 11 | | | |
| Address | | | |
| City | | State | Zip |
| Phone Fax | Cell Phone | | |
| E-mail Address: | | | |
| Water supply: | Sewage: | | |
| Electricity provider: | | | |
| Name typed or printed | _ | | |

SUBMITTAL REQUIREMENTS FOR RESIDENTIAL PROJECTS

When submitting your application for a Residential project please include the following:

- 1. Completed Building Permit Application
- 2. Please have your 911 address on your application
- 3. Please have your tax parcel # on your application.

 If you don't know your tax parcel number for your property, to put on your application, please contact the Tax Office at 724-465-3812
- 4. Your contractor's workman's compensation and liability insurance. If you are not using a contractor or your contractor doesn't have workman's compensation insurance, please complete the Workman's Comp form and have it notarized.
- 5. \$25.00 non-refundable application fee please make checks payable to **Indiana County**

DEMOLITION GUIDELINES AND CHECKLIST

ALL INFORMATION MUST BE FILLED IN, CHECKED OR MARKED N/A

| I have/will notified all adjoining neighbors of th | ne demolition project (one |
|--|------------------------------------|
| week in advance) | |
| Pennsylvania One Call has been contacted (80 | 00-242-1776) Authorization |
| Number | |
| I will/have contacted the local municipality in c | |
| disconnects and capping of all service utility connec | tions and lines in |
| accordance with local jurisdiction requirements incl | uding sewer and/or water |
| lines <u>prior to backfilling</u> | |
| I understand that I am responsible for public s | afety |
| I understand that I am responsible to fill and m | naintain to the existing grade |
| so that no water may accumulate | |
| Plans for waste disposal | (must be |
| an approved and accepted manner | |
| I will/have contacted DEP (www.dep.state.pa.us) 1 | for all commercial |
| demolition projects | |
| I will/have notified all local utility companies to | ensure that services have |
| been disconnected from premises and disconnected | l from main lines, <u>prior to</u> |
| commencing demolition | |
| I will contact the local municipality 24 hours b | efore the demolition is |
| started. | |
| I have read and answered the above checklist and g | uideline questionnaire to the |
| best of my ability and solemnly swear that all informa | • |
| best of my ability and soleming swear triatal informe | ation given is tratifiar. |
| Signature of applicant: | Date |
| | |
| I/we, certify that I/we own the property for which app | lication is made for a UCC |
| demolition permit and that the applicant has my/our | |
| property or act as my/our agent in the demolition of t | |
| owners must sign) | |
| | |
| Signature of Property Owner | Date |
| | |
| Signature of Property Owner | Date |
| Signature of Inspector or | |
| Authorized Office Personnel: | Date |

PLEASE NOTIFY INDIANA COUNTY OFFICE OF PLANNING & DEVELOPMENT AS TO WHEN DEMOLITION WILL COMMENCE

THIS COMPLETED FORM MUST BE TURNED IN WITH APPLICATION