



INDEPENDENCE TOWNSHIP DEMOLITION PERMIT APPLICATION PACKET



DEMOLITION

Uniform Construction Code Act 45 of 1999

Administered by
Code.sys Code Consulting, Inc.
For the Township of Independence

Municipal Office 724-378-3739 Hours 8-4, M-F

Contact information for our inspectors if you need
Additional information or to schedule inspections:

Code.sys™ Code Consulting, Inc.

Joanna Beres
Building Inspector
jberes@code-sys.com

1-877-821-0337 Ext. 27 321 Grant Avenue
Toll Free Pittsburgh, PA 15209
www.code-sys.com 412-821-0337, ext. 27

Code.sys™ Code Consulting, Inc.

John T. Lucchesi
Electrical Inspector

1-877-821-0337 Ext. 55 321 Grant Avenue
Toll Free Pittsburgh, PA 15209
www.code-sys.com 412-821-0337, ext. 55

CONSTRUCTION DRAWINGS REQUIREMENTS AND DEMOLITION PERMIT GUIDELINES

DRAWINGS

- Please provide location of dwelling(s) which are being removed from the premises. Please include property lines and where on the lot the existing dwellings which are being demolished are located.
- Identify the type and location of site utilities such as gas, electric, water, cable, telephone, etc. on the plan.
- Identify if any underground storage tanks (combustible and flammable liquids) are present on the property.

GUIDELINES

The following information must be submitted or addressed prior to issuance of a demolition permit

- Permit application and required fee submitted
- Site plan submitted with above information including on the same
- Asbestos shall be removed in accordance with PA Department of Environmental Protection Asbestos Removal Requirements
- Onlot wells to be abandoned shall have the pump removed; the shaft filled with clean stone and permanently capped 12 inches below finished grade
- Onlot septic systems (1) all tanks must be pumped, (2) all associated piping must be removed and properly disposed of, and (3) all tanks must be removed and properly disposed of or abandoned in place with holes punched in the tank bottom and filled with clean fill
- All excavations outside the street right of way must be filled with suitable uncontaminated material and installed to meet structural fill requirements if the area will be bearing surface for below or above ground structures or buildings
- Indicate whether demolition waste materials will be disposed of onsite or offsite. Only uncontaminated soil, rock, stone, gravel, concrete, brick, concrete block debris may remain onsite. All demolition materials removed from the site must be disposed of at an approved facility/site
- Future construction (if applicable) requires backfilling with approved engineered fill or excavation to virgin soil
- Notify PA One Call at 800-242-1776 at least 3 days prior to start of demolition or excavation

- No methods of demolition will be permitted which will not insure all phases of such demolition being strictly confined within the limits of the demolition areas, and without hazard to adjacent properties or to the public
- Explosives may not be used to demolish any unit of structure
- Under no circumstances shall any structure be set afire unless under the direct supervision of the Independence Volunteer Fire Department for training purposes
- All buildings shall be completely razed. All floor construction over basements shall be removed; interior basement partitions and pieces of solid masonry construction shall be completely removed. All basement, cellar or foundation walls shall be completely removed
- Masonry basement floors may be cracked and left as part of the backfill if they are more than 18 inches below ground level
- All basement partitions, furnaces, heating apparatus, piping, gasoline or oil tanks, miscellaneous fixtures and stairways shall be removed from the area of condemnation
- All requirements of the International Building Code pertaining to demolition must be complied with.

CALL BEFORE YOU DIG!

PENNSYLVANIA LAW REQUIRES
3 WORKING DAYS NOTICE FOR
CONSTRUCTION PHASE AND 10 WORKING
DAYS IN DESIGN STAGE—STOP CALL
Pennsylvania One Call System, Inc.

1-800-242-1776



DEMOLITION PERMIT APPLICATION

DATE APPLICATION RECEIVED: _____

LOCATION OF PROPERTY: _____

LOT #: _____ PARCEL #: _____

SUBDIVISION: _____

MUNICIPALITY: _____

COUNTY: _____ EMAIL: _____ EMAIL: _____

OWNER NAME: _____ OWNER NAME 2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EXTENSION: _____ PHONE: _____ EXTENSION: _____

NOTE: Click on "PARCEL" above, to go to Beaver County Assessment Web Site to look up your Parcel Number

DEMOLITION PERMIT

☐ One Family Dwelling Multi Family Dwelling Residential ☐ Commercial Use: _____
☐ New Construction Alteration Repair Solar Roof Mount Solar Ground Mount ☐ Demolition

DESCRIPTION OF CONSTRUCTION: _____

TOTAL SQ. FT. OF CONST: _____ ESTIMATED COST OF CONST: _____

☐ Plan Review Required ARCHITECT/ENGINEER NAME: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ EXTENSION: _____

BUILDER NAME: _____ EMAIL: _____
DBA: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ EXTENSION: _____

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISIONS OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS

APPLICANT/AGENT SIGNATURE

PRINT NAME

DATE

***** FOR DEPARTMENT USE ONLY *****

BUILDING PERMIT APPLICATION ~ APPROVED ~ DENIED

BY: _____

DATE: _____

PERMIT NO. _____

BUILDING PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

MUNICIPAL FEE \$ _____

TRAINING FEE \$ 4.) 0

TOTAL PERMIT FEE \$ _____

REASON(S) FOR DENIAL: _____

OVER FOR SUBCODE PERMIT

ZONING, HISTORIC DISTRICT AND FLOOD HAZARD SIGNOFF

LOCATION OF PROPERTY: _____

LOT #: _____ PARCEL #: _____

MUNICIPALITY: _____ COUNTY: _____

OWNER NAME: _____
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

- ZONING AND/OR HISTORICAL DISTRICT COMPLIANCE CERTIFICATES WILL BE ACCEPTED IN LIEU OF THIS FORM
- APPLICANT/OWNER IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P. S. § 670-420, AS WELL AS COMPLIANCE WITH THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

===== FOR MUNICIPAL USE ONLY =====

ZONING SIGNOFF



APPROVED



DOES NOT APPLY

ADDITIONAL COMMENTS: _____

HISTORICAL DISTRICT SIGNOFF



APPROVED



DOES NOT APPLY

ADDITIONAL COMMENTS: _____

FLOOD HAZARD AREA



YES



NO

IF YES COMPLIANCE WITH § 403.62a(d)(1)(2)(3) IS REQUIRED

ADDITIONAL COMMENTS: _____

BY: SIGNATURE: _____ TITLE: Municipal Zoning Officer

PRINT NAME: _____ DATE: _____

PHONE NUMBER: _____

WORKERS' COMPENSATION ADDENDUM

LOCATION OF PROPERTY: _____

LOT#: _____ PARCEL #: _____

MUNICIPALITY: _____ COUNTY: _____

PART I

The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

Certificate of Insurance OR Certificate of Self-Insurance (please attach)

Affidavit of Exemption (if you select this, fill out PART II below)

PART II

Basis for exemption (check one):

Applicant is an individual who owns the property

Contractor/Applicant is a sole proprietorship without employees

Contractor/Applicant 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/applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain: _____

Other: Please explain: _____

My signature on behalf of or as the contractor / applicant 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 un-sworn falsifications to authorities.

Signature: _____ Title: _____

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

OSHA SAFETY STANDARDS

PROPERTY ADDRESS: _____

LOT #: _____ PARCEL #: _____

MUNICIPALITY: _____ COUNTY: _____

I AM FULLY AWARE OF THE US DEPARTMENT OF LABOR, OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) STANDARDS AND UNDERSTAND THAT I MUST COMPLY WITH THESE STANDARDS FOR THE DURATION OF MY CONSTRUCTION PROJECT.

APPLICANT/OWNER SIGNATURE: _____ DATE: _____

REQUIRED INSPECTIONS UNDER PA UCC ACT 45-1999

PERMIT NO.:

LOCATION:

MUNICIPALITY:

COUNTY:

- (1) Upon receipt of approved building permit, such building permit must be posted on the job site so it is visible from the street and remain posted until a final inspection has been made. Approved plans must be retained on the job site. Where a Certificate of Occupancy is required, such building shall not be occupied until a final inspection has been made.
- (2) The approved building permit will become null and void if construction work is not started within 180 days of date the permit is issued as noted on the building permit. Work must be completed within five (5) years of date of issuance.
- (3) Detailed Inspection Procedures may be found on the [UCC Web Site](#). These inspections may be scheduled Monday through Friday between 8:00 A.M. and 4:30 P.M. by contacting **Joanna Beres**, Building Inspector, at 412-821-0337 ext. 27. Please give 2 business days advance notice. Electrical and Plumbing inspector names and extensions are listed below.

☒ **Indicates if required**

Footing - prior to pouring but after reinforcement rods are in place.

Foundation / Masonry -(before backfilling)- walls must be parged and waterproofed; sill plate must be wolmanized (if within 8" of grade) with required anchor bolts in place. **Electrical** - prior to covering structural members.

Framing - prior to covering structural members, but after H.V.A.C., electrical and plumbing installations. Rough Inspection stickers must be on site at this time.

Plumbing - prior to covering structural members. Includes Basement, Under Floor Slab, drains waste, vents, and required air/water tests. Contact **Joanna Beres** @ 412-821-0337 ext. 27.

H.V.A.C. - prior to covering structural members. Contact Joanna Beres @ 412-821-0337 ext. 27.

Sanitary Sewer Lateral Inspection - Contact Chris Thompson, Hopewell Township Sewer Department @ 724-378-4875

Electrical - Contact John Lucchesi @ 412-821-0337 ext. 55.

Insulation - To be performed after framing work is completed, and before wall and ceiling membranes are installed.

Wallboard - During the installation of the wall coverings.

Fire Suppression - to be performed when the fire alarm system and or fire suppression systems are installed and functioning.

Blower Door Test - Must be completed before Final Inspection.

Final Inspection - prior to occupancy. Electrical and plumbing final inspection stickers must be posted before the Building Final is given.

Demolition - Cap all utilities and return lot to grade.

HUD 309 Form - Provide HUD Certified Installer signed form for Inspector to sign and retain.

NOTICE: ALL PERMITS require a final inspection.
Requests for a final inspection require at least a 2 business day notice.

"APPLICANT/OWNER SIGNATURE: _____ DATE: _____