



TOWNSHIP OF

Hampton

DEMOLITION PERMIT APPLICATION FEES

Demolition Permit	\$5.00 per each \$1,000.00 of demolition cost *** <i>(Rounded up to the nearest thousand)</i>
	\$100.00 minimum cost
	+
	\$4.00 PA State Admin. Fee

***** The estimated cost for demolition will be determined from the contractors bid or cost estimates without credit for sale of material or other benefit.**

***** Please note: You must provide a certificate of insurance to validate proof of coverage in the event of an accident.**

*****PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR NOTIFYING THE "ALLEGHENY COUNTY HEALTH DEPARTMENT" TO DETERMINE IF A DEMOLITION PLAN SUBMITTAL IS REQUIRED.**

**ALLEGHENY HEALTH DEPARTMENT/PLUMBING SECTION
SERVICE AREA #1
3901 PENN AVE, BLDG.#5
PITTSBURGH, PA 15224
Fax: 412-578-8053
Phone: 412-578-8036**

We accept check or cash.

All checks are made payable to: ***"Township of Hampton"***

Please complete application in black or blue ink.



Township of Hampton
3101 McCully Road
Allison Park, PA 15101

For Township Use Only:
Permit #: _____
Date Received: _____
Received By: _____
Approved: Yes No

Demolition Permit Application

Notice: Any permit issued pursuant to the approval of this application may be revoked if the issuance of the permit was based upon any incomplete or inaccurate information, or if violates any Hampton Township Ordinance, Pennsylvania Statute, United States Law, or court precedent.

I (we) hereby wish to make application for the following demolition permit:

- 1. Owner's/Agent Name: _____ Phone Number: _____
Street Address: _____ Zip Code: _____
- 2. Demolition Site Address: _____ Subdivision Name: _____
_____ City/Zip Code: _____
- 3. Contractor's Name: _____ Phone Number: _____ PA# _____
Address: _____ City/Zip Code: _____
- 4. Property Presently Zoned: _____ Cost of Demolition _____
- 5. Lot Size: _____ Cost of Permit _____
- 6. **Structure to be demolished:**
Type of Structure: _____ Number of Stories: _____
Materials of Construction: _____

7. Verify that the following items are completed, as applicable:

<u>Procedure to be completed</u>	<u>Date to be completed</u>
A.) Electricity service shut-off (Co: _____)	_____
B.) Gas Service shut-off (Co: _____)	_____
C.) Sanitary Disconnected:	_____
D.) Water well capping:	_____
E.) Above/Below ground tanks removed:	_____
F.) Submitted 2 sets of Demolition Plans:	_____
G.) Cap all oil and gas wells:	_____
H.) Water service shut off:	_____
I.) Telephone Service shut-off:	_____
J.) Cable television shut-off:	_____
K.) Submitted a copy of the plot plan:	_____
L.) Submitted a description of the demolition work:	_____
M.) Worker's Compensation Insurance Certificate:	_____
N.) Allegheny County Health Department Plan Approval	_____

Shut-off letters from the utility companies shall be submitted with this form, as applicable:

This applicant certifies that the above information is complete, true, and correct to the best of the applicant's knowledge and belief.

The applicant agrees to comply with the provisions of Hampton Township's ordinances, codes, regulations, and all other applicable laws and regulations of Allegheny County and the Commonwealth of Pennsylvania, whether or not specified in this application.

THE APPLICANT AGREES THAT IF A PERMIT IS ISSUED, THE PERMIT MAY BE REVOKED BY ADMINISTRATIVE ACTION OF HAMPTON TOWNSHIP IF COMPLIANCE WITH THE FOREGOING PARAGRAPHS IS NOT ABSOLUTE.

Signature of Applicant

Date

Signature of Building Inspector

110.1 Service Connections: Before a building can be demolished or removed, the owner or agent shall notify all utilities having service connections within the building such as water, electric, gas, sewer and other connections. A permit to demolish or remove a building shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner.

110.2 Notice to adjoining Owners: Only when written notice has been given by the applicant to the owners of adjoining lots and to the owners of wired or other facilities, of which the temporary removal may be necessitated by the proposed work, shall a permit be granted for the removal of a building or structure.

110.3 Lot Regulation: Whenever a building is demolished or removed, the premises shall be maintained free from all unsafe or hazardous conditions by the proper regulation of the lot, restoration of established grades and the erection of the necessary retaining walls and fences in accordance with the provisions of Chapter 33.

I/We being the owner and/or contractor and/or agent of the owner and/or agent of the contractor by the execution of this "Application for Demolition of Existing Building" do represent that I/we the undersigned SHALL BE PERSONALLY RESPONSIBLE AND DO HEREBY PERSONALLY ASSURE that the Building Inspector of the Township of Hampton or his designee shall be permitted access onto the premises under construction at all reasonable times as set forth in the Building Code of the Township of Hampton. I/We do further understand, acknowledge and intend that such foregoing representations are intended to induce the Township of Hampton to issue said demolition permit.

OWNER

OWNER

TOWNSHIP OF HAMPTON

CONTRACTOR

AGENT FOR OWNER

AGENT FOR CONTRACTOR

3101 McCully Road, Allison Park, Pennsylvania 15101 ♦ Area Code 412-486-0400
412-443-7585



TOWNSHIP OF
Hampton

Addendum to Building Permit

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

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer _____
Or Self-Insurer _____

Address _____

City _____ State _____ Zip Code _____

Policy No. _____ Coverage Period Ends _____

Name of Contractor / Policy Holder _____

Address _____

City _____ State _____ Zip Code _____

Contractor / Policyholder's federal or state employer identification number (EIN)

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor / policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor / policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

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:**

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Applicant’s federal or state employer identification number:(EIN)

Any subcontractors used on this project will be required to carry their own workers’ compensation coverage. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act. Violation of the Worker’s 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.

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 unsworn falsifications to authorities.

Subscribed and sworn before me this day of _____ 20_____. _____ <i>(Signature of Notary Public)</i> Commission expires: _____ (Seal)
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Signature

Name (Please Print)

Title

Name of Company

Note: Applicant’s Copy to be attached to permit and posted. Municipality’s Copy to be filed with its permit copy.