



TOWNSHIP OF

*Hampton*

## **DEMOLITION PERMIT APPLICATION FEES**

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

Payment is due upon issuance of the permit. Please bring payment when you pick up the permit. The permit will not be released until payment has been received. We accept check or cash. All checks are made payable to: "Township of Hampton"

Demolition Permit	\$5.00 per each \$1,000.00 of demolition cost <i>(Rounded up to the nearest thousand)</i>
	<b>OR if less than \$25,000 of demo cost →</b>
	\$100.00 minimum cost
	+
	\$4.50 PA State Admin. Fee

### ***ALSO, PLEASE NOTE THE FOLLOWING:***

- You must provide a certificate of insurance to validate proof of coverage in the event of an accident.
- Please complete application in black or blue ink.

**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**



TOWNSHIP OF

*Hampton*

<p><u>For Township Use Only:</u></p> <p>Permit #: _____</p> <p>Approved: Yes ___ No ___</p> <p>Date: _____</p>
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**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 Statue, United States Law, or court precedent.

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

Site Address: \_\_\_\_\_

Owner's/Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

PA# \_\_\_\_\_

Zoning classification of lot: \_\_\_\_\_

Lot Size: \_\_\_\_\_

Cost of Demolition:\$ \_\_\_\_\_

Type of Structure: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Materials of Construction: \_\_\_\_\_

\_\_\_\_\_

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

**PLEASE BE AWARE OF THE FOLLOWING:**

**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.

**Please specify where the material will be taken to once the demolition is complete:**

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\$5 per \$1,000 of demo cost                      \$ \_\_\_\_\_  
    **(\$100 minimum)**

+

PA State Administration Fee                      \$4.50

Total Permit Fee:                                      \$ \_\_\_\_\_

<i>Township Use Only:</i>
Check# _____
Initials: _____
Date: _____
Cash: _____

\_\_\_\_\_  
Signature of Applicant                                      (Date)

\_\_\_\_\_  
Signature of Owner                                      (Date)

\_\_\_\_\_  
Signature of Zoning Officer                                      (Date)

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



TOWNSHIP OF  
*Hampton*

**Addendum to Building Permit**

PA Act 44 requires all contractors with employees to provide proof of current Workers Compensation Insurance. If you are a contractor with employees, please check the appropriate box in Section I, fill out the information in Section II and attach a copy of your Certificate of Insurance. If you are claiming an exemption to this law, please check the "Affidavit of Exemption" box in Section I, check the appropriate box in Section III, and have the form notarized in the box on page 10 of this application.

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.

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

\_\_\_\_\_ Name (Please Print)

\_\_\_\_\_ Title

\_\_\_\_\_ Name of Company