

DEMOLITION CONSTRUCTION GUIDELINES

- Patrick Duffy (Commercial)**

Phone: 1-800-608-6342

Phone: 1-800-922-6342

BEFORE DIGGING CALL 811 – SEE ATTACHED BROCHURE

DEMOLITION PERMIT APPLICATION
North Sewickley Township, Beaver County, Pennsylvania

*****Valid for 90 Days*****

Name _____

PERMIT # _____

Location _____

DATE _____

Phone _____

Parcel # 70- _____

Description _____

In making application for a demolition permit, I agree to observe and conform to all Township Ordinances governing demolition and the use of public streets.

The property involved must be cleared of all debris and returned to an environmentally safe condition.

Upon completion of demolition, this permit must be signed by the Township Secretary/Treasurer and MDIA Inspector after inspection to insure all Township requirements have been met.

ANY PERSON VIOLATING THESE REGULATIONS OR STANDARDS SHALL BE SUBJECT TO PENALTIES IMPOSED BY THE MUNICIPALITY.

FOR INSPECTION, contact **Pat Duffy**, Inspector for MDIA, @ **1-800-922-6342** to make arrangements for inspection.

FEE RECEIVED FOR PERMIT \$ _____ () Cash () Check# _____

SIGNATURE OF OWNER _____ **Date** _____

SIGNATURE OF ZONING OFFICER _____ **Date** _____

MDIA Inspector _____ **Date** _____

For Township Use

INSPECTION DATE _____ **PERMIT#** _____

APPROVED _____

REJECTED _____

INSPECTOR'S INITIALS _____

_____, **MDIA Inspector**

DEMOLITION PERMIT CHECKLIST AND CONSTRUCTION GUIDELINES

Complete the following checklist for the building demolition. Items that require an acknowledgement only mark with your initials. Items which do not apply, mark with "N/A" or not applicable.

- _____ Completed permit application form with the required permit fee.
- _____ **Two (2) site plans clearly identifying the location and footprint square footage of the structure(s) being demolished.**
- _____ Acknowledge that the electrical service has been disconnected by the serving utility.
- _____ Acknowledge that the gas service has been disconnected by the serving utility.
- _____ When on-lot septic systems are present: (1) Tanks must be pumped. (2) any associated piping must be removed and properly disposed of, and (3) tanks must be removed and properly disposed of or abandoned in-place with holes punched in the tank bottom and filled with clean fill.
- _____ When public sewer is present and the lateral is being abandoned: Laterals must be capped at the public main as directed by local sewer authority.
- _____ On-lot wells to be abandoned shall have the pump removed: the shaft shall be filled with clean stone and permanently capped 12" below finished grade.

Authorized Agent/Property Owner Signature _____

Date _____









**Safe digging is
no accident!**

**Know what's
below.**

**Dial 8-1-1
before you dig.**



TEMPORARY MARKING GUIDELINES

	WHITE	Proposed Excavation
	PINK	Temporary Survey Markings
	RED	Electric Power Lines, Cables, Conduit and Lighting Cables
	YELLOW	Gas, Oil, Steam, Refrigeration, Mechanical, Electrical, and Telecommunications
	ORANGE	Communication, Alarm or Security Lines, Cables or Conduit and Traffic Cops
	BLUE	Potable Water
	PURPLE	Sanitary Sewer, Stormwater and Slurry Lines
	GREEN	Sewers and Drain Lines

The following information is needed when you call PA One Call System.

YOUR TELEPHONE NUMBER
YOUR MAILING ADDRESS
COUNTY - The name of the county where the work will take place
MUNICIPALITY - City, Township or Borough where the work will take place
THE ADDRESS WHERE THE WORK WILL TAKE PLACE
THE NEAREST INTERSECTING STREET TO THE WORK SITE
THE NAME OF A SECOND INTERSECTION NEAR THE WORK SITE
IS THE PROPOSED EXCAVATION AREA (WORK SITE) MARKED IN WHITE - Yes or No
OTHER INFORMATION THAT WOULD HELP THE LOCATOR FIND THE SITE - Clarifying information to specify the exact location of the dig
THE TYPE OF WORK BEING DONE
WHETHER THE WORK WILL TAKE PLACE IN: Street, Sidewalk, Public or Private Property
THE APPROXIMATE DEPTH YOU ARE DIGGING
THE EXTENT OF THE EXCAVATION - The approximate size of the opening, the length and width or diameter
THE METHOD OF EXCAVATION - How will the earth be moved
WHO IS THE WORK BEING DONE FOR
PERSON TO CONTACT IF THE UTILITIES HAVE QUESTIONS
THE CONTACT PERSON'S PHONE NUMBER - The phone number to be contacted for daytime contact
THE BEST TIME TO CALL
FOX NUMBER AND/OR EMAIL ADDRESS - The separate from the local government will be sent to you
SCHEDULED EXCAVATION DATE AND START TIME - not less than 3 business days or more than 10 business days
DURATION OF A JOB - How long will the job take
ANY ADDITIONAL REMARKS YOU MAY HAVE

You will be given a 10 digit serial number as confirmation of your call and our system will send you the responses from the utilities on the morning of your scheduled excavation date via fax or email

**Know what's below.
Dial 8-1-1 before you dig.**



www.pa811.org

What do we do?

We are the "Call before you dig!" company for all of Pennsylvania. If you plan to disturb the earth with powered equipment, you are required by Pennsylvania law to notify the underground utility companies of your intent to do so. Notification occurs by calling 8-1-1 or 1-800-242-1776, 24 hours of the day, every day of the year. Notification can also be done on our website at www.paonecall.org.

We will then notify the utility companies nearby of your intent to dig. The utility companies are responsible to mark where their underground lines are located with colored flags/paint or chalk.

PLEASE NOTE

- PA One Call 1085 FOR MARK utility lines
- IN SOME CASES THE UTILITY COMPANIES MAY NOT MARK THE SAME AREA UNDER YOUR DIG
- IF YOU SEE A PAINT JOB OR CHALK MARK, BE SURE TO CHECK FOR OTHER MARKS THAT MAY BE NEARBY
- IF YOU HAVE A QUESTION, CALL 1-800-242-1776

Why should you call?

Safe digging is no accident! If you are installing a fence or deck, or digging for a mailbox post, patio or other excavation project, it is important to know what's below. Dial 8-1-1 or 1-800-242-1776 before you dig. The utility companies do not want an accident, either. The best way to learn where underground utility lines are located is to call before you dig.

For more information, visit www.pa811.org



Homeowner's Quick Tips

- One easy phone call to 8-1-1 three to ten business days before digging begins helps keep your neighborhood safe.
- Call on Monday or Tuesday if you plan to dig on Saturday or Sunday.
- The utility companies will mark where their underground lines are located with colored paint, flags or chalk.
- Do not remove the flags if you see them in your yard.
- Our service is no cost to homeowners.
- Did you hire someone to install your fence, deck or new patio? Ask to see the PA One Call notification before allowing them to dig on your property.

The Excavator's Responsibility

- Dial 8-1-1 or 1-800-242-1776.
- Do not allow anyone to excavate on your property without calling.
- Always look for the markings on the ground before your dig date.
- If you do not see markings, do not allow anyone to dig. Wait for the lines to be marked by the utility.
- Whoever places the call will receive an email or fax with a list of facility owners who have marked or have not marked. Pay attention to this message.
- Respect the markings by not removing flags or disturbing the actual markings.
- Exercise care around the marked lines by hand digging.
- When the project is complete, the excavator should remove the flags or marks from the ground or easement.
- Record marks by digging 30' beyond markings by

THIS FORM REQUIRES A NOTARY SEAL

AFFIDAVIT OF EXEMPTION

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

- _____ Property owner performing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.
- _____ Contractor has 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 municipality.
- _____ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

Signature of Applicant

County of _____

Municipality of _____

Subscribed, sworn to and acknowledged before me
by the above _____ this _____ Day
of _____
20 _____.

SEAL

Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Baily Insurance Agency, Inc.
PO BOX 1070
Waynesburg PA 15370

CONTACT
NAME: Dawn Singleton
PHONE (A/C, No, Ext): 724-627-6121 FAX (A/C, No): 724-627-7005
E-MAIL ADDRESS: receptionist@bailyagency.com

License#: 65153
NORTSEW-01

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Insurance Company	55423
INSURER B:	Insurance Company	55433

INSURED
ABC Contracting LLC
123 Happy Lane
Pittsburgh, PA 1522

ALL HIGHLIGHTED AREAS REQUIRED FOR APPROVAL OF YOUR PERMIT.*

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			680-J56892	7/1/2021	7/1/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						\$ \$ \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMB EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB58-725	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE EACH ACCIDENT \$100,000 E.A. DISEASE - EA EMP OVER \$100,000 E.T. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE Building Permit

Contractors License Number #

CERTIFICATE HOLDER

CANCELLATION

North Sewickley Township
893 Mercer Road
Braver Falls PA 15810

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Dawn Singleton

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