

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 _____

**CUSTOMER ASSISTANCE GUIDE
BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS**

DEMOLITION CONSTRUCTION GUIDELINES

- Notify PA One Call at 800-242-1776 or at www.paonecall.org at least 3 days prior to start of any demolition or excavation.
- Identify the type and location of site utilities such as gas, electric, water service lateral, public sewer lateral, on-lot well or on-lot sewer system on the site plan.
- Utility Disconnections: Service utility connections shall be disconnected and capped in accordance with the approved rules and requirements of the applicable governing authority. International Building Code Section 3303.6.
- Identify on the site plan if any existing underground or aboveground storage tanks. (combustible and flammable liquids) are present on the property. A separate permit shall be applied for and obtained prior to removal of any storage tanks. Permit shall be obtained from the Pennsylvania Department of Labor and Industry.
- Asbestos shall be removed in accordance with Pennsylvania Department of Environmental Protection Air Quality's regulations. View the department's website at <http://www.depweb.state.pa.us/dep/site/default.asp>. Asbestos removal is regulated by the Department of Labor and Industry. Call Pennsylvania Department of Labor and Industry at 717-772-3396 for more information.
- Pedestrian Protection: The work of demolishing and building shall not commence until pedestrian protection is in place. Refer to Section 3306 of the 2015 IBC for specific protection requirements. IBC Section 3303.2.
- Site Maintenance: Where a structure has been demolished or removed, the vacant lot shall be filled and maintained to the existing grade. Only clean fill is to be used in backfilling of demolished structures. IBC Section 3303.4.
- Water accumulation: Provisions shall be made to prevent the accumulation of water or damage to any foundations on the premises or the adjoining property. IBC 3303.5.
- Future construction (if applicable) requires backfilling with approved engineered fill or excavation to virgin soil.
- **MUST CALL FOR FINAL INSPECTION:**
INSPECTOR: Patrick Duffy **Phone: 800-922-6342**

BEFORE DIGGING CALL 811 – SEE ATTACHED BROCHURE

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, Petroleum or Gaseous Materials, Hazardous Materials, Communication, Alarm or Signal Lines, Cables or Conduit and Traffic Loops
ORANGE	Potable Water
BLUE	Reclaimed Water, Irrigation and Slurry Lines
PURPLE	Sewers and Drain Lines
GREEN	

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 WRITE** - Yes or No
- OTHER INFORMATION THAT WOULD HELP THE LOCATOR FIND THE SITE** - Clamping / 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**
- ARE DIGGING**
- THE APPROXIMATE DEPTH (FEET)**
- 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 with area code for daytime contact
- THE BEST TIME TO CALL**
- FAX NUMBER AND/OR EMAIL ADDRESS** - The responses from the facility owners 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 does not mark utility lines
- In some cases, the utility company may not mark the service lines you own
- If you need your sewer drain cleared be sure to check www.paonecall.org/crossbones or Call Before You Dig! for more information.

Homeowner 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 serial number 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 pavement.
- Report mistakes by dialing 8-1-1. Report emergencies by dialing 911.



For more information, visit www.pa811.org

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

Name of Company: _____

Contact Name: _____

Address: _____

Email: _____

Please check one of the options below pertaining to your application:

Option A.

- _____ 1. Property owner is hiring a Contractor, stating that "Contractor" is within the meaning of the Pennsylvania Workers' Compensation Law - **WORKERS' COMPENSATION INSURANCE MUST BE ATTACHED AND PROVIDED TO THE MUNICIPALITY**

Option B.

AFFIDAVIT OF EXEMPTION

If one of the reasons below is the owner's situation, this paper NEEDS TO BE NOTARIZED. 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: (please check one)

_____ 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 **(COPIES OF RELIGIOUS EXEMPTION LETTERS FOR ALL EMPLOYEES MUST BE ATTACHED AND PROVIDED TO THE MUNICIPALITY).**

Subscribed, sworn to and acknowledged

Signature of Applicant

Subscribed, sworn to and acknowledged

before me on this _____

day of _____, 20 _____

Address _____

Signature of Notary Public

County Of: _____

My Commission Expires: _____

Municipality of: _____

(SEAL)



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 E-MAIL ADDRESS: receptionist@bailyagency.com	FAX (A/C, No): 724-627-7005
	INSURER(S) AFFORDING COVERAGE	
License#: 65153 NORTSEW-01	INSURER A: Insurance Company	NAIC # 55423
	INSURER B: Insurance Company	NAIC # 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 WVD	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"/> PRO-JECT <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 \$
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER 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 <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

SAMPLE CERTIFICATE

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

North Sewickley Township
 893 Mercer Road
 Beaver Falls PA 15010

CANCELLATION

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

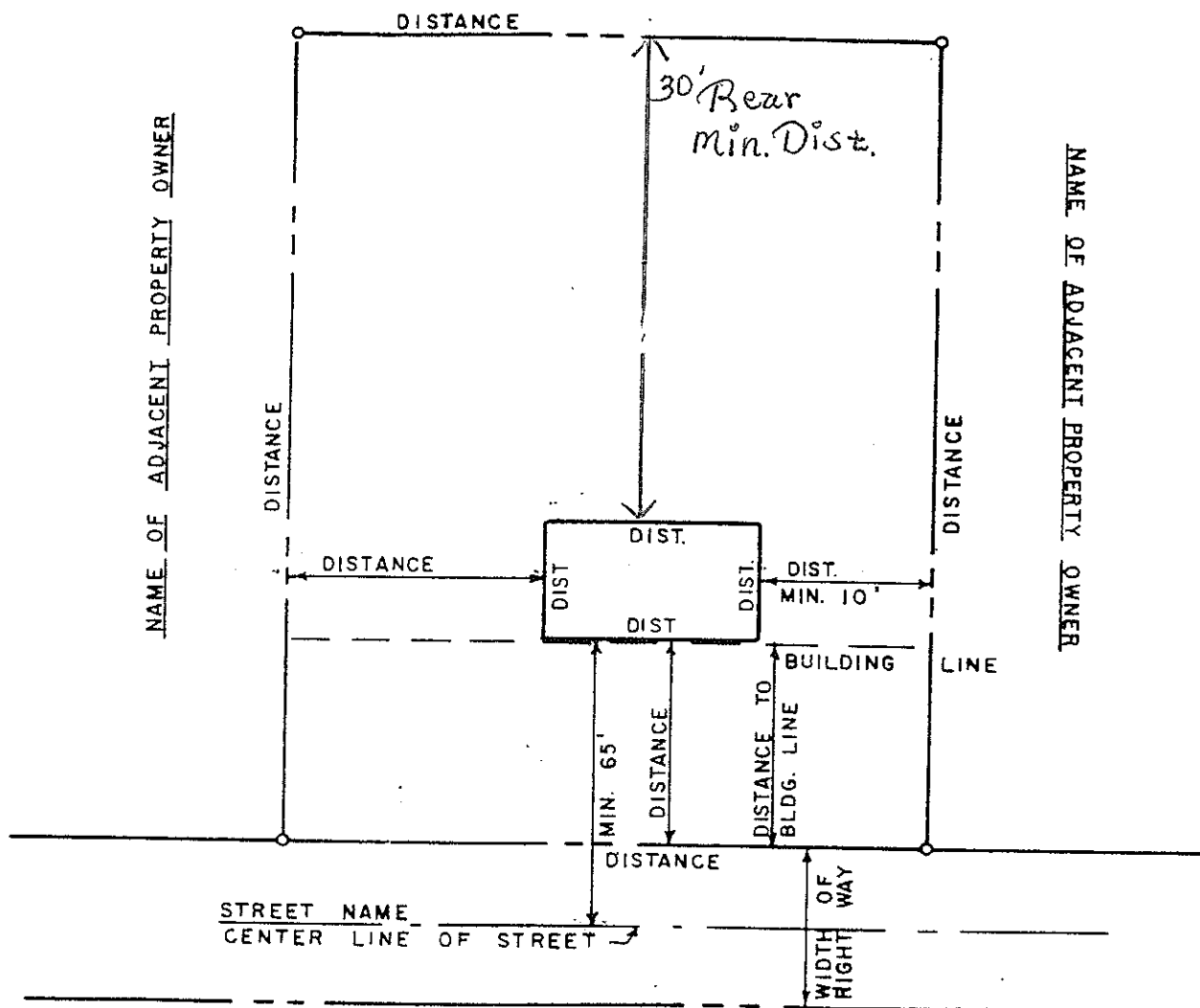
AUTHORIZED REPRESENTATIVE

Dawn Singleton

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Example

NAME OF ADJACENT PROPERTY OWNER



WATER SUPPLY
 WELL CITY

SEWAGE DISPOSAL
 SEPTIC PUBLIC

NAME OF APPLICANT... _____

DATE... _____

**TYPICAL SKETCH
for
BUILDING PERMIT**