

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

**DEMOLITION CONSTRUCTION GUIDELINES**

- Notify PA One Call at 800-242-1776 or at [www.paonecall.org](http://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 authority having jurisdiction. International Building Code Sections 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://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 2009 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.

## DEMOLITION PERMIT CHECKLIST AND CONSTRUCTION GUIDELINES

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

- \_\_\_ Complete permit application form with the required permit fee.
- \_\_\_ Three (3) 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 a pump removed: The shaft shall be filled with clean stone and permanently capped 12" below finished grade.

Authorized Agent/Property Owner Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

**BUILDING PERMIT** \_\_\_\_\_ **ELECTRICAL PERMIT** \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ Tax Parcel \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Front Yard \_\_\_\_\_ Ft. (Front of building to property line) Describe proposed work in detail \_\_\_\_\_

Rear Yard \_\_\_\_\_ Ft. (Rear of building to property line) \_\_\_\_\_

Side Yard \_\_\_\_\_ Ft. Side Yard \_\_\_\_\_ FT. \_\_\_\_\_

**State Classification:** New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

**BUILDING PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

Total square feet: \_\_\_\_\_ Use Group \_\_\_\_\_ Type Construction \_\_\_\_\_

No. of Stories: \_\_\_\_\_ Height of Structure \_\_\_\_\_

Description of work: \_\_\_\_\_

**Type of work:**

Alterations/Additions of: \_\_\_\_\_ Square Ft. \_\_\_\_\_

( ) Roofing - Total square feet \_\_\_\_\_

( ) Fencing, supply height if it exceeds 6 foot \_\_\_\_\_

( ) Sign - Total Square feet \_\_\_\_\_

( ) Pool - Total Square feet \_\_\_\_\_

( ) Decks - Total Square feet \_\_\_\_\_

( ) Demolition - Total Square feet \_\_\_\_\_

( ) Accessibility \_\_\_\_\_

Other: \_\_\_\_\_

**I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.**

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**ELECTRICAL PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

**Technical Site**

Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____
_____	Heater _____	Central A/C Units _____
_____		Signs
_____		Survey Fee

Others: \_\_\_\_\_

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**BUILDING CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Building Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Scan Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_

**ELECTRICAL CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Electrical Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Scan Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_