CITY OF HERMITAGE

800 North Hermitage Road, Hermitage, PA 16148
Phone: 724-981-0800 • Fax: 724-981-2008 • www.hermitage.net

DEMOLITION PERMIT APPLICATION

PERMIT NUMBER

THIS PERMIT IS NOT VALID UNTIL ISSUED BY BUILDING CODE OFFICIAL and PERMIT NUMBER IS ASSIGNED

Demolition Permit Fee is due at time of application submission

PAGE 1 TO BE COMPLETED BY APPLICANT IN INK & CONTAIN ORIGINAL SIGNATURES

APPLICANT INFORMATION

(Property Owner holds legal title to the land according to current tax records)

Property Owner
Name: _____ Phone: _____
Address: _____ Cell: _____
_____ Fax: _____
Email: _____

Demolition Contractor
Name: _____ Phone: _____
Address: _____ Cell: _____
_____ Fax: _____
Email: _____

Applicant
Name: _____ Phone: _____
Company: _____ Cell: _____
Address: _____ Fax: _____
_____ Email: _____

PROJECT INFORMATION

Check all that apply. Provide detailed explanation under Project Description.

Demolition of: ☐ Principal Structure ☐ Accessory Structure

Affected Utilities: ☐ None ☐ Gas ☐ Telephone ☐ Sewer, public ☐ Electric ☐ Water ☐ Cable ☐ Sewer, on-lot

Project Address: _____

Project Description: _____

Business Name (if applicable): _____

DEMOLITION REGULATIONS

1) Sanitary sewers and vents must be plugged as directed by Sewer Inspector / SEO.
2) All masonry, wood, plaster, and plumbing materials to be removed from site & excavation backfilled with clean gravel or other suitable backfill within 30 days of demolition date.
3) Public right-of-ways must be maintained and in good condition.

Provide name of DEP approved sanitary landfill being used

Name: _____
Address: _____
_____
Phone: _____ Fax: _____

WORKER'S COMPENSATION INFORMATION

Must submit one of the following before permit is issued

☐ Certificate of Worker's Compensation Insurance attached ☐ Complete Affidavit of Exemption attached

ACKNOWLEDGMENT I hereby acknowledge that I have read this application and state that the above is correct, and I agree to comply with all City of Hermitage Ordinances and Commonwealth of Pennsylvania Laws regulating building demolition.

Signature of Owner: _____ Date: _____

Signature of Contractor: _____ Date: _____

FOR CITY USE ONLY - DO NOT WRITE BELOW THIS LINE

Property Owner Verification:

Deed Reference # : _____ Mercer County Parcel # : _____

CITY INSPECTOR REVIEW

DEMOLITION - Utilities disconnected?

☐ All of below - Not Applicable

Electric: ☐ Yes, Date: _____ ☐ N/A

Gas: ☐ Yes, Date: _____ ☐ N/A

Water: ☐ Yes, Date: _____ ☐ N/A

Telephone: ☐ Yes, Date: _____ ☐ N/A

Cable: ☐ Yes, Date: _____ ☐ N/A

Other: ☐ Yes, Date: _____ ☐ N/A

Sewer, public: ☐ Yes, Date forwarded to Sewer Inspector: _____ ☐ N/A

Sewer, on-lot: ☐ Yes, Date forwarded to SEO: _____ ☐ N/A

SEWER REVIEW for DEMOLITION - *If sewer service disconnected, the appropriate official must complete corresponding section below.*

PUBLIC SANITARY SEWER ☐ Disconnected, Date: _____

(Provide documentation of where sewer line capped)

Signature of Sewer Inspector: _____ Date

ON-LOT SEWER ☐ Disconnected, Date: _____

(Provide documentation of where on-lot system abandoned)

Signature of SEO: _____ Date

NOTES/COMMENTS: _____

CITY INSPECTOR APPROVAL

☐ Approved, Date: _____

Signature: _____

NOTES/COMMENTS: _____

APPROVAL BY BUILDING CODE OFFICIAL (BCO)

BCO - City of Hermitage: _____ Date

Permit Issue Date: _____

Date Demolition Accomplished: _____

Issued Permit cc: MC Assessment Office, WPC, Sewer Rental, Treasurer, Census, Eng. Asst.

Demolition Permit Fee: $ _____

UCC Surcharge: $ _____

Other: _____ $ _____

Total Fee for Demolition Permit: $ _____

Fee Paid: $ _____

Date Paid: _____ Receipt # : _____

THIS FORM REQUIRES A NOTARY SEAL

RETURN THIS FORM WITH APPLICATION

AFFIDAVIT OF EXEMPTION

The undersigned affirms 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 this construction permit, contractor must provide proof of workers' compensation insurance to the municipality. Property owner 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 construction 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 letters for all employees).

_____

Signature of Property Owner or Contractor

State of _____

County of _____

Municipality of _____

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

SEAL

_____

Notary Public