

SUBMITTAL REQUIREMENTS FOR COMMERCIAL DEMOLITION

When submitting your application for Commercial projects please include the following:

1. **Completed Building Permit Application.**
2. If you don't know your **tax parcel number** for your property to put on your application, please contact the Tax Office at 724-465-3812.
3. **Your contractor's workman's compensation and liability insurance.** If you are not using a contractor or your contractor doesn't have workman's compensation insurance, please complete the Workman's Comp form and have it notarized.
4. Current Certificate of Occupancy from Labor & Industry.
5. A photo of the structure(s) that is to be demolished must accompany this application
6. **\$50.00 application fee** – please make check payable to ***Indiana County Code Division***.

INDIANA COUNTY

Office of Planning and Development
801 Water Street
Indiana, PA 15701
(724) 465-3870 Fax (724) 465-3151

FOR OFFICE USE ONLY	
Permit #	_____
Date:	_____

Building Permit Application ~Commercial Demolition~

Company at Site Address Information

Company Name at Site Address _____

Site Address _____

City _____ State PA Zip _____

★ **YOU MUST PROVIDE A TAX PARCEL NUMBER FOR THE PROPERTY AT THE SITE ADDRESS LISTED ABOVE**

Tax Parcel # _____

Municipality _____ Township / Borough _____

What is being demolished? _____

Estimated cost of the demolition project \$ _____

Contact Person (for above Company) _____

Phone Number _____ Cell Phone _____

Company at Site Mailing Address (if different than site address) _____

City _____ State _____ Zip Code _____

Water Supply _____

Sewage _____

Electricity provider _____

Gas Provider _____

Contractor's Information

Contractor: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Cell Phone _____

E-mail Address: _____

Applicant:

___ OWNER ___ CONTRACTOR ___ AGENT/OTHER _____

Signature Date

DEMOLITION GUIDELINES AND CHECKLIST

ALL INFORMATION MUST BE FILLED IN, CHECKED OR MARKED N/A

_____ I have/will notified all adjoining neighbors of the demolition project (one week in advance)

_____ Pennsylvania One Call has been contacted (800-242-1776) Authorization Number _____

_____ I will/have contacted the local municipality in order to inspect all disconnects and capping of all service utility connections and lines in accordance with local jurisdiction requirements including sewer and/or water lines prior to backfilling

_____ I understand that I am responsible for public safety

_____ I understand that I am responsible to fill and maintain to the existing grade so that no water may accumulate

_____ Plans for waste disposal _____ (must be an approved and accepted manner

_____ I will/have contacted DEP (570-327-3745) for all commercial demolition projects and for all controlled burn projects

_____ I will/have notified all local utility companies to ensure that services have been disconnected from premises and disconnected from main lines, prior to commencing demolition

_____ I will contact the local municipality 24 hours before the demolition is started.

I have read and answered the above checklist and guideline questionnaire to the best of my ability and solemnly swear that all information given is truthful.

Signature of applicant: _____ Date _____

I/we, certify that I/we own the property for which application is made for a UCC demolition permit and that the applicant has my/our approval to demolish this property or act as my/our agent in the demolition of this property. (All property owners must sign)

Signature of Property Owner _____ Date _____

Signature of Property Owner _____ Date _____

Signature of Inspector or
Authorized Office Personnel: _____

**PLEASE NOTIFY INDIANA COUNTY OFFICE OF PLANNING & DEVELOPMENT
AS TO WHEN DEMOLITION WILL COMMENCE**

THIS COMPLETED FORM MUST BE TURNED IN WITH APPLICATION