

# 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 ~Residential Demolition~

Site Address \_\_\_\_\_

City \_\_\_\_\_

Municipality \_\_\_\_\_ Township / Borough \_\_\_\_\_

What is being demolished? \_\_\_\_\_ Estimated Cost of Project \$ \_\_\_\_\_



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

Tax Parcel # \_\_\_\_\_

Owner of Property \_\_\_\_\_

Current Mailing Address of Owner \_\_\_\_\_

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

Owner's Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Owner's E-mail Address: \_\_\_\_\_

---

**Contractor:** \_\_\_\_\_

Address \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

Water supply: \_\_\_\_\_ Sewage: \_\_\_\_\_

Electricity provider: \_\_\_\_\_

\_\_\_\_\_  
Name typed or printed

\_\_\_\_\_  
Signature Date

# SUBMITTAL REQUIREMENTS FOR RESIDENTIAL PROJECTS

When submitting your application for a Residential project please include the following:

1. Completed Building Permit Application
2. Please have your 911 address on your application.
3. 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.
4. 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.
5. \$25.00 non-refundable application fee – please make checks payable to ***Indiana County Code Division***
6. A photo of the structure(s) that is to be demolished must accompany this application.

# 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 ([www.dep.state.pa.us](http://www.dep.state.pa.us)) for all commercial demolition 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: \_\_\_\_\_ Date \_\_\_\_\_

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

**THIS COMPLETED FORM MUST BE TURNED IN WITH APPLICATION**