

BOROUGH OF SWISSVALE

DEMOLITION PERMIT APPLICATION

ADDRESS:	
DATE APPROVED:	
PERMIT NUMBER:	

SITE ADDRESS: _____

LOT & BLOCK or TAX PARCEL _____

BUILDING TYPE: COMMERCIAL RESIDENTIAL ACCESSORY USE

DESCRIPTION OF STRUCTURE TO BE DEMOLISHED: _____

ESTIMATED START DATE: _____ ESTIMATED COMPLETION DATE: _____

COST OF DEMOLITION: \$ _____

PROPERTY OWNER:

OWNER NAME: _____

OWNER ADDRESS: _____

PHONE: _____ CELL: _____ FAX: _____

CONTACT NAME: _____ E-MAIL _____

CONTRACTOR: SELF

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

PHONE: _____ CELL: _____ FAX: _____

CONTACT NAME: _____ E-MAIL: _____

By signing below, I certify that I am the property owner, authorized agent or the contractor retained by the owner and all information contained herein and/or furnished by me along with this application is true and correct to the best of my knowledge. Furthermore, I acknowledge:

- All sanitary sewers must be sealed and inspected by the Allegheny County Department of Health.
- The Borough of Swissvale and its authorized representatives shall have the authority to enter areas covered by such permit at any reasonable hours to inspect and enforce applicable provisions of the codes and ordinances.
- Lot shall be filled, graded and seeded appropriately in accordance with applicable codes and ordinances.
- Contractor shall provide proof of current general liability insurance.
- Applicant shall provide and attach hereto a signed copy of the Workers' Compensation Addendum.

Name of Applicant

Signature of Applicant

Date

*** OFFICE USE ONLY ***			
DATE RECEIVED: _____	DEMOLITION PERMIT FEE:	\$ _____	
PERMIT: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	PA UCC FEE	\$ 4.50	
DATE: _____	TOTAL PERMIT FEE:	\$ _____	
BY: _____	PERMIT NUMBER:	_____	

WORKERS' COMPENSATION ADDENDUM

(REQUIRED TO BE ATTACHED TO ALL BUILDING PERMIT APPLICATIONS)

SITE ADDRESS _____

PART 1

The Applicant for the building permit, in compliance with Act 44 of 1993, hereby submits *(check one)*:

- Certificate of Insurance OR Certificate of Self-Insurance (must be attached)
- Affidavit of Exemption

PART II

Basis and Affidavit of Exemption

- Applicant is an Individual who owns the property.
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Worker's Compensation Act.
- All of the contractor/applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Workers' Compensations Act
- Other: Please explain: _____

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained herein are true and that I am subject to the penalties of 18 Pa. C.S.A. 4904 relating to un-sworn falsification to authorities.

Printed Name Signature Date