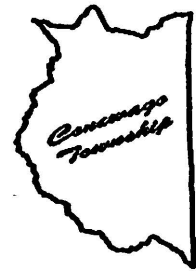


# CONEWAGO TOWNSHIP

Adams County, Pennsylvania  
541 Oxford Avenue  
Hanover, PA 17331



Tele: (717) 637-0411 • Fax: (717) 637-6826  
www.conewagotwp.us

## DEMOLITION PERMIT

\*\*\*PLEASE PRINT\*\*\*

### LOCATION OF PROPERTY:

Lot #	Plan/Development	Street #	Street Name	Map/parcel #
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DESCRIPTION OF CONSTRUCTION ACTIVITY: \_\_\_\_\_

SQUARE FOOTAGE OF DEMOLITION: \_\_\_\_\_

### SKETCH OR PLAT OF DEMOLITION REQUIRED.

WILL DEMOLITION INCLUDE ANY SITE GRADING?  YES  NO \*IF YES, A GRADING PLAN MAY BE REQUIRED.

IF YES, PLEASE DETAIL: \_\_\_\_\_

Owner Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone # (s) \_\_\_\_\_ Fax # \_\_\_\_\_

Contractor/Company \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone # (s) \_\_\_\_\_ Fax # \_\_\_\_\_

WILL DEMOLITION INCLUDE DISCONNECTION OF UTILITIES (I.E. ELECTRIC, WATER)?  YES  NO

WORKER'S COMPENSATION CERTIFICATE PROVIDED:  YES  NO

Note: Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of workers' compensation to Conewago Township. Contractor also prohibited by law as to building or remodeling under this Permit from engaging the services of a subcontractor unless subcontractor maintains workers' compensation insurance coverage as to the subcontractor's employees. Failure of Contractor and Applicant for this Permit to maintain workers' compensation insurance according to law of Commonwealth of Pennsylvania, and failure to name Conewago Township as a named insured, requires stoppage of all construction/work under Building/Zoning Permit issued and a Building/Zoning Permit may be revoked.

This permit is only for demolition purposes and not intended for construction, repair or remodeling. Any on-site grading will require a grading plan in accordance to §77/Erosion, Sedimentation and Grading.

Any deviations from the details listed herein, or in the approved plans, must be authorized by the approval of the revised application and construction/demolition details.

**STATEMENTS AND VERIFICATION BY APPLICANT**

• I/We do hereby agree to observe and adhere to any and all provisions of Conewago Township's Ordinance's, and do further agree and understand that my failure to do so shall constitute a violation as to any Permit issued per this Application, which violations shall cause any Permit to become Null and Void, and revocable by Conewago Township via its Zoning Officer or other designated agent.

• I/We do hereby certify that as applicants, owners, contractors, agents or others that I/we completed and read the foregoing Application and Notice and that the information and statements in this application and other representations contained in all accompanying plans are made a part of this application and are true and correct to the best of our knowledge and belief. This statement and verification are made subject to the penalties of 18 PA CSA Section 4904 relating to un-sworn falsifications to authorities, which provides that if

I/we knowingly make false statements or averments, I/we may be subject to criminal penalties. I/We hereby authorize representatives of the township to make the required inspections upon the property to verify that the construction requested under this application complies with the Conewago Township Zoning Ordinance or other applicable codes.

If applicant is Contractor or Agent of Owner, he/she/they hereby certify that he/she/they have the authority to act on behalf of the owner.

\_\_\_\_\_  
Owner(s) Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor or Agent Name

\_\_\_\_\_  
Date

-----  
\_\_\_\_\_  
Zoning Officer - Approval

\_\_\_\_\_  
Date

CONDITIONS OF ISSUANCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST FOR WAIVER OF DEPOSIT (ORDINANCE 2003-N)**

Applicant or Agent \_\_\_\_\_ (print) requests waiver of the befouling fee deposit required under §56-5 of Ordinance 2003 for building permit # \_\_\_\_\_. It is understood that this waiver may be rescinded by the township at anytime.

Signature of Applicant/Agent \_\_\_\_\_

PERMIT OFFICER APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR TOWNSHIP USE ONLY**

**ZONING/CODE REVIEW**

Zoning District: \_\_\_\_\_

Map/Parcel: \_\_\_\_\_

Address: \_\_\_\_\_

No. Stories: \_\_\_\_\_

Floodplain:  Yes  No

Building Use Classification: \_\_\_\_\_

Project: \_\_\_\_\_

Zoning Hearing: \_\_\_\_\_

Land Development Plan: \_\_\_\_\_

Conditions of Issuance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zoning Approval:  Yes  No

ZONING OFFICER: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMIT APPLICATION FEES**

Building/Zoning Permit: \_\_\_\_\_

Demolition Permit: \_\_\_\_\_

Curb and Sidewalk Permit: \_\_\_\_\_

Building Plan Review: \_\_\_\_\_

Road Occupancy Permit: \_\_\_\_\_

Grading Plan Review: \_\_\_\_\_

Sign Permit: \_\_\_\_\_

Sewer Lateral Inspection: \_\_\_\_\_

Sewer Tapping Fee: \_\_\_\_\_

Use and Occupancy Permit: \_\_\_\_\_

PA State Levy Fee: **\$4.00**

Initial Application Fee: \_\_\_\_\_

Total Application Fee Paid: \_\_\_\_\_

Check No.: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

**INSPECTION FEES**

\$ \_\_\_\_\_ Building Plan Review

\$ \_\_\_\_\_ Commercial/Industrial

\$ \_\_\_\_\_ Electrical

\$ \_\_\_\_\_ Energy

\$ \_\_\_\_\_ Mechanical

\$ \_\_\_\_\_ Plumbing

\$ \_\_\_\_\_ (other) \_\_\_\_\_

\$ \_\_\_\_\_ Total Inspection Fee

**INSPECTION TYPES**

Footers

Foundation

Underslab/Slab

Sewer

Framing

Insulation

Final on all principals

Rough-ins at Framing

Mechanical

Electrical

Plumbing

# WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

A. Applicant or Contractor is a contractor within the meaning of the Pennsylvania Workers' Compensation law?

\_\_\_\_\_ yes, complete Sections B & D below as appropriate

\_\_\_\_\_ no, complete Sections C & D below as appropriate

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B. Insurance information:

Name of Contractor: \_\_\_\_\_

Federal or State Employer Identification No.: \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation. \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ Certificate attached

Name of Workers' Compensation Insurer: \_\_\_\_\_ Certificate attached \_\_\_\_\_

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C. Exemption (Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.)

The undersigned swears or 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:

\_\_\_\_\_ Contractor with no employees. [Note: Contractor prohibited by law from employing any individual to perform work pursuant to this building permit and/or zoning permit unless contractor provides proof of insurance to Conewago Township.]

\_\_\_\_\_ Religious exemption under the Workers' Compensation Law.

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 building permit and/or zoning permit, contractor must provide proof of workers' compensation insurance to Conewago Township. Homeowner assumes liability for contractor compliance with this requirement.

\_\_\_\_\_ Contractor has no employees. [Note: Contractor prohibited by law from employing any individual to perform work pursuant to this building permit and/or zoning permit unless contractor provides proof of insurance to Conewago Township.]

\_\_\_\_\_ 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).

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D. Signatures:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
County of

\_\_\_\_\_  
Township of

Subscribed, sworn to and acknowledged before me by the above.

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(seal)

\_\_\_\_\_  
Notary Public