

APPLICATION FOR DEMOLITION PERMIT

WEST MIFFLIN BOROUGH

1020 Lebanon Road, West Mifflin, PA 15122

T: (412) 466-8174 F: (412) 466-8173

westmifflinborough.com

I (We) hereby make application for a demolition permit.

BLD # _____

Attached are 2 copies of a survey of the lot showing the location of structure(s) to be demolished.
Also attached are the following as applicable: a release from the utility companies, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed, sealed or plugged in a safe manner; If demolition is a commercial structure, Asbestos clearance needs to be obtained from Allegheny County Health Department

Property Address:

Plan or Subdivision:	Zoning District:	Lot No(s):
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Type of Structure to be Demolished:
SFD; SFA; MH; MF; HOT; SHL; COM; OPB; OPS; GAR; SGN; SWM; STG; FEN; OTH _____

No. of Stories:	Materials of Construction:
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Reason for Demolition:

Owner's Name:

Address:	City:	Zip:
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Home Phone:	Business Phone:	Cell Phone:
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Contractor Name:

Address:	City:	Zip:
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Business Phone:	Cell Phone:
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WORKERS COMPENSATION ACT

To be completed by contractor

Contractor, in compliance with Act 44 of 1993, hereby submits: (Check One)

- Certificate of Insurance () Attached () On File
- Certificate of Self-Insurance () Attached () On File
- Affidavit of Exemption () Attached
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation or partnership and the only employees working on the job have and are qualified as "Executive Employees" under Section 104 of the Workers Compensation Act. Please explain:

Contractor's Federal or State Employer ID No. (EIN):	Company Name:
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Print Name & Title:

My signature on behalf of or as the Contractor for this building permit constitutes my verification that the statements contained here are true and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Contractor's Signature:	Date
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SEE FEE SCHEDULE

(MAKE CHECK PAYABLE TO: "Borough of West Mifflin")

FEE PAID:

\$

**CHECK NO. & BANK NAME OR
CASH RECEIPT NO.:**

OWNER'S STATEMENT

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I further agree to comply with the provisions of the Codes and Regulations of the Borough of West Mifflin and all other applicable laws and regulations of Allegheny County, Commonwealth of Pennsylvania and the United States, whether or not specified in this application. In addition, I agree that if a permit is issued, the permit may be revoked by administrative action of the Borough of West Mifflin for failure to comply with said laws and regulations.

Owner's signature

Date

FOR OFFICE USE ONLY

The above application has been examined and is hereby APPROVED DENIED

Inspector

Date