

DEMOLITION



Customer Assistance Guide

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► DEMOLITION PERMIT APPLICATION ◀

Municipality _____ County _____ Tax Parcel I.D. _____ *Official use only [date stamp]*

Location of Property where demolition is taking place: (Complete Street City Zip) _____

Briefly describe what is to be demolished – You must include Site Plan Requirements as noted in Section 4 below

1. BUILDING/STRUCTURE OWNER'S INFORMATION

First Name _____ Mi. _____ Last Name _____ Phone No: _____

Street Address _____ City _____ State _____ Zip _____

2. DEMOLITION CONTRACTOR INFORMATION

First Name _____ Mi. _____ Last Name _____ Phone No: _____

Street Address _____ City _____ State _____ Zip _____

3. UTILITIES

Demolition may not begin until all utilities have been terminated. The owner must ensure that all utilities have been properly terminated. Upon completion of the demolition, all debris shall be removed from the premises and the cellar filled and graded to level.

Gas Service has been terminated: yes no Sign & date: _____
Electric Service has been terminated: yes no Sign & date: _____
Water/Sewer Service has been terminated: yes no Sign & date: _____

4. SITE PLAN REQUIREMENTS

Two copies of a site plan showing the proposed demolition must accompany the application. Each plan must detail:

- Size and location of all buildings or structures to be demolished, distances to property lines and distances to sidewalks, pavement and curbs where they abut property lines.
- Size and location of any existing buildings or structures that will remain on the site.
- Area to be filled to existing grade and seeded or to be fenced and otherwise protected in anticipation of new construction.
- If applicable, location dimension and construction details for pedestrian protections required in section 3306 of the *International Building Code*.

5. APPLICANT INFORMATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project.

Print Full Name _____ Phone (Cell and/or Land line) _____ Email Address _____

Complete Mailing Address: _____ Street/P.O. Box _____ City _____ State _____ Zip _____

APPLICANT SIGNATURE: _____ DATE: _____ / _____ / _____

ATTACH ADDITIONAL SHEETS AS NEEDED TO COMPLY WITH SITE PLAN REQUIREMENTS – see #4 above

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Broker or Agent name and address	CONTACT NAME:	FAX (A/C, No):
	PHONE (A/C, No, Ext):	
INSURED Moving Company Name and Address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : ACE American Insurance Company	22667
	INSURER B : Indemnity Insurance Company of North America	43575
	INSURER C : ACE Fire Underwriters Ins. Co.	20702
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

SAMPLE

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		ADD'L/SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X	COMMERCIAL GENERAL LIABILITY				01/01/2020	01/01/2021	EACH OCCURRENCE	\$	2,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000
			X	X				MED EXP (Any one person)	\$	25,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$	2,000,000
	X	POLICY	PRO- JECT	LOC				GENERAL AGGREGATE	\$	2,000,000
		OTHER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
									\$	
A	AUTOMOBILE LIABILITY					01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		Hired AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		SCHEDULED AUTOS							\$	
		NON-OWNED AUTOS ONLY								
B	X	UMBRELLA LIAB	OCCUR					EACH OCCURRENCE	\$	3,000,000
		EXCESS LIAB	CLAIMS-MADE					AGGREGATE	\$	
		DED	RETENTION \$						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					01/01/2020	01/01/2021	X PER STATUTE	OTH-	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y	N		01/01/2020	01/01/2021	EL EACH ACCIDENT	\$	1,000,000
C	If yes, describe under DESCRIPTION OF OPERATIONS below			N	N/A	01/01/2020	01/01/2021	EL DISEASE - EA EMPLOYEE	\$	1,000,000
								EL DISEASE - POLICY LIMIT	\$	1,000,000
A	Commercial Crime					01/01/2020	01/01/2021	Each Occurrence		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required).

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
MakeSpace Inc., Iron Mountain Inc., and its parents, affiliates, subsidiaries, and its respective officers, officials, agents, employees, successors and assigns are included as additional insureds on the General Liability, Auto Liability and Umbrella Liability policies. A waiver of subrogation in favor of the additional insureds applies to all policies

CERTIFICATE HOLDER

CANCELLATION

<p>Iron Mountain Inc. MakeSpace Inc. One Federal Street Boston, MA 02110</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE of Marsh USA Inc.</p> <p>SAMPLE</p> 

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

SAMPLE

3 Dec

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ACORD 25 (2016/03)

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THIS FORM REQUIRES A NOTARY SEAL

AFFIDAVIT OF EXEMPTION

The undersigned affirm 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, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.
- Contractor has no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.
- Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

Signature of Applicant

County of _____

Municipality of _____

Subscribed, sworn to and
acknowledged before me by the above

this _____ Day
of _____
20 _____.
_____.
_____.
_____.

SEAL

Notary Public