

Codes Department
2418 Hilltop Road, suite 100
Presto, PA 15142
www.colliertownship.net



APPLICATION FOR PERMIT

➤ Demolition Permit

Demolition Address _____ Lot & Block _____
City, State, Zip _____ Permit # _____

➤ Property owners name _____ Phone # _____ Address _____ City, State, Zip _____
➤ Contractor _____ Phone _____ Address _____ City, State, Zip _____
➤ PA Registration # _____ <u>Worker's Compensation/Insurance form (attached)</u>
➤ Type of structure _____

Instructions:

- File plan with Allegheny County Plumbing Division (shall sign off on water & sewer tap termination)
- Notify and terminate all utilities
- Notify PA One Call a minimum of 3 days before start date
- File Asbestos Abatement form with Allegheny County Health Department (if required)
- All foundation walls removed, basement floor cracked or removed
- 2 copies of survey showing location of structure
- All safeguards and traffic guards shall be performed
- Rat / rodent treatment shall be conducted a minimum 2 weeks prior to start
- No larger than 8" size clean fill
- Area shall be top soiled and seeded
- Dust control at all times
- Marker sewer lateral at termination

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 Collier Township 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 Collier Township for failure to comply with said laws and regulations.

Check one: Property owner Agent of property owner

Signature _____ Date _____

Print Name _____

Seal of notary

Official use only

Fee paid \$ _____ Permit # _____

Conditions _____

Inspector _____ Date _____

Worker's Compensation Insurance Coverage Information
(attach to building permit applications)

A. The applicant is:

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes No

If the answer is "yes", complete Sections B and C below as appropriate

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation. *Certificate attached*

Name of Worker's Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

Policy Expiration Date _____

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:

Property owner performing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of worker's compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.

Contractor with 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 township.**

Subscribed and sworn to before me this
____ day of _____, 20____

(Signature of Notary Public)

My commission expires: _____

(Seal)

Signature of applicant _____

Address _____

County of _____

Municipality of _____
