TO BE ACCEPTED, DEMOLITION PERMIT APPLICATIONS MUST INCLUDE EACH OF THE FOLLOWING:

- **Completed building permit application.** Must be filled out and signed by the contractor or person doing the work. Property owner signature is also required.

- **Completed demo utility sign off form.**

- **Non-refundable application fee** ($150.00 for commercial, $60.00 for residential) made payable to Whitehall Township. Additional fees will be due at permit issuance.

- **Certificate of insurance** showing Worker’s Compensation coverage OR a notarized exemption affidavit form. The insurance certificate must show Whitehall Township as the certificate holder. *We do not keep any insurance certificates on file.*

- **Required demolition plans/documents for residential and commercial projects:**
  - Provide copy of hazardous materials submittal per DEP as may apply. In the event no asbestos has been found on the demolition site provide report(s) documenting same. Refer to the Pennsylvania Department of Environmental Protection’s website for more information.
  - Provide (3) sets of plans detailing demolition area including protection of the public and containment of debris, etc.
  - Provide square footage of subject building and stories.
  - All Documents must reference the currently adopted code of the Township.
    - 2018 IRC – One and Two-Family Dwellings
    - 2018 IBC – All others

- Contractor must have a valid Business Privilege License with the Treasurer’s office.

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**ALL ITEMS MUST BE COMPLETE AT TIME OF SUBMISSION. FAILURE TO COMPLETE ALL ITEMS WILL RESULT IN APPLICATION DENIAL.**

Please submit all documents to the Township at 3219 MacArthur Road, Whitehall, PA 18052.

610-437-5524 Ext. 1131
Site Address: ____________________________________________________________

Store / Business Name: ____________________________________________________________

Property Owner: ________________________________________________________________

Property Owner Address: ____________________________________________________________

Property Owner Phone No.: ____________________ Email: ___________________________

Contractor: ___________________________________________________________________

Contractor Address: __________________________________________________________________

Contractor Phone No.: ____________________________ Email: ___________________________

Township Business License No.: _______________________________________________________

Type of Structure: ________________________________ Number of Stories: __________

Square Feet of Structure: _______________________ Dimensions: _______________________

Scheduled Date of Demolition: _______________________________________________________

UTILITY SIGN OFF SIGNATURES (Sign & Print) (REQUIRED):

PPL Electric: ______________________________ Date: ______________

Print Name: ____________________________________________

UGI Gas: ______________________________ Date: ______________

Print Name: ____________________________________________

Telephone Service: ______________________________ Date: ______________

Print Name: ____________________________________________

Cable Service: ______________________________ Date: ______________

Print Name: ____________________________________________

Water Service: ______________________________ Date: ______________

Print Name: ____________________________________________

Sewer Service: ______________________________ Date: ______________

Print Name: ____________________________________________
UTILITY CONTACT INFORMATION

- PA One Call: 1-800-242-1776
- PPL Electric: 1-800-342-5775
- UGI Gas: 610-866-0951
- Telephone Service: Must contact your provider
- Cable Service:
  - Service Electric: 610-865-9100
  - RCN: 1-800-746-4726
- Water Service:
  - Whitehall Township Authority (WTA): 610-770-1155
  - Northampton Borough Municipal Authority (NBMA): 610-262-6711
- Sewer Service:
  - Coplay-Whitehall Sewer Authority (CWSA): 610-437-4461
- Whitehall Fire Department:
  - Fire Chief, David Nelson: 610-437-5524 Ext. 1166

NOTES

1. The property must be restored to a grade level that does not allow any hazardous conditions or does not allow water to run off onto neighboring properties.

2. All safety issues must be addressed prior to demolition (i.e. safety barriers, traffic control, fire department notification, etc.).

3. DEP approval (if required).
**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

| Site Address: __________________________ | Tax Parcel # __________________________ |
| Lot # ______ Subdivision/Land Development: __________________ | Phase: ______ Section: ______ |

**Owner:**

| Mailing Address: __________________________ | Email: __________________________ | Phone #: __________________________ |

**Occupant/Tenant:**

| Mailing Address: __________________________ | Email: __________________________ | Phone #: __________________________ |

**Contractor:**

| Mailing Address: __________________________ | Email: __________________________ | Phone #: __________________________ |

**Architect:**

| Mailing Address: __________________________ | Email: __________________________ | Phone #: __________________________ |

**TYPE OF WORK OR IMPROVEMENT** (Check One)

- [ ] New Building
- [ ] Addition
- [ ] Alteration
- [ ] Repair
- [ ] Demolition
- [ ] Temporary Trailer
- [ ] Sprinkler
- [ ] Other (Shed, Driveway, Fence, etc.)

**DESCRIPTION OF BUILDING USE** (Check One)

**RESIDENTIAL**

- [ ] One-Family Dwelling (R-3)
- [ ] Two-Family Dwelling (R-3)
- [ ] Multi-Family (R-2)
- [ ] Hotels (R-1)

**NON-RESIDENTIAL**

| Specific Use: __________________________ | Use Group: __________________________ |

**Change in Use**

- [ ] YES
- [ ] NO

If yes, Indicate Former: __________________________

**Maximum Occupancy Load** __________________________

**Maximum Live Load** __________________________

**BUILDING/SITE CHARACTERISTICS**

| Number of Residential Dwelling Units: ______ Existing ______ Proposed ______ |
| Mechanical: Indicate Type of Heating / Ventilating / Air Conditioning (i.e. electric, gas, oil, etc.) __________________ |
| Water Service: (Check) ______ Public ______ Private ______ |
| Sewer Service: (Check) ______ Public ______ Private ______ |

**Does or will your building contain any of the following?**

| Number of Fireplace(s): ______ Type of Fuel ______ BTU’s ______ Type Vent ______ |
| Elevator/Escalators: ______ YES ______ NO ______ |
| Sprinkler System: ______ YES ______ NO ______ |
| Refrigeration Systems: ______ YES ______ NO ______ |

**ESTIMATED COST OF CONSTRUCTION** (reasonable fair market value) $ __________________________

NOTE: If setting up a manufactured home, the following number is also REQUIRED.

* MANUFACTURED HOUSING BOARD LICENSE # __________________________

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**WHITEHALL TOWNSHIP**

**3219 MACARTHUR ROAD**

**WHITEHALL, PA 18052**

No. __________________________
BUILDING DIMENSIONS
Existing Building Area: _________ sq. ft.   Number Of Stories: ______________________
Proposed Building Area: _________ sq. ft.   Height of Structure Above Grade: _________ ft.
Total Building Area: _________ sq. ft.   Area of the Largest Floor: _________ sq. ft.

FLOODPLAIN (This section is REQUIRED to be completed)

Is the site located within an identified flood prone area? (Check One)  □ YES  □ NO

What Zone? (Check One) _________ A _________AE _________X

Will any portion of the flood prone area be developed? (Check One)  □ YES  □ NO

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3 (d). Fair Market Value of Structures $________________________

****Start of work must commence within 180 days from the issuance of permit ****

PROPERTY OWNER CERTIFICATION

I, the owner/lessee of the property subject of this building permit do hereby acknowledge that it is my sole responsibility to be certain the exact location of my property lines, as well as any Flood Hazard areas, other covenants, deed restrictions, easements or rights of way encumbering same (as shown on my deed); and by submitting this permit application am certifying that all proposed construction will be in accordance to all required setbacks, based upon my property location.

PROPERTY OWNER SIGNATURE X ___________________________ PRINT NAME ___________________________

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the “approved” construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure only if there is no contractor involved, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator’s authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

X ___________________________ Print Name of Property Owner

X ___________________________ Print Name of Authorized Agent/Contractor

_____________________________ ___________________________
   Contractor Address                  Date

Directions to Site: ___________________________
## ADDITIONAL PERMITS / APPROVALS REQUIRED:

- STREET CUT/DRIVEWAY
- CUT AND FILL
- PENNDOT HIGHWAY OCCUPANCY
- DEP FLOODWAY OR FLOODPLAIN
- SEWER CONNECTION
- ON-LOT SEPTIC
- ZONING
- HARBOUR
- OTHER

## PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

<table>
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<tr>
<th>Type of document</th>
<th>Submitted</th>
<th>Signed &amp; Sealed</th>
<th>Date:</th>
<th>Revision Date:</th>
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<tr>
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<td>Construction Drawings</td>
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<td>Workers Comp Certificate</td>
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## APPROVALS:

- BUILDING PERMIT DENIED: Date ___________ Date Returned ___________
- BUILDING PERMIT APPROVED: ___________________________ Date __________
- ZONING / CODE ADMINISTRATOR ___________________________ Date __________
  
  Date Issued ___________ Date of Inspection ___________________________

- BUILDING PERMIT FEE ___________
- SPRINKLER PERMIT FEE (if appl.) ___________
- PLAN REVIEW FEE (if appl.) ___________
- ZONING PERMIT FEE (if appl.) ___________
- TOWNSHIP FEE ___________
- APPLICATION FEE (if appl.) ___________
- PA STATE UCC FEE ___________
- OTHER ___________
  
  **TOTAL DUE** $___________

## NOTES: