



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 contact the Treasurer (Ext. 1143) for business license status/requirements. No work can be done in the township without a valid license.

**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.

**WHITEHALL TOWNSHIP
DEMOLITION UTILITY SIGN OFF FORM
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 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).

No. _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT		Zoning District _____
Site Address: _____	Tax Parcel # _____	
Lot # _____	Subdivision/Land Development: _____	Phase: _____ Section: _____

Owner: _____ Email: _____
 Mailing Address: _____ Phone #: _____

Occupant/Tenant: _____ Email: _____
 Mailing Address: _____ Phone #: _____

Contractor: _____ Email: _____
 Mailing Address: _____ Phone #: _____

Architect: _____ Email: _____
 Mailing Address: _____ Phone #: _____

TYPE OF WORK OR IMPROVEMENT (Check One) New Building Addition Alteration
 Repair Demolition Temporary Trailer Sprinkler Other (Shed, Driveway, Fence, etc.)
 Describe the proposed work: _____

NOTE: If setting up a manufactured home, the following number is also **REQUIRED**.
 * MANUFACTURED HOUSING BOARD LICENSE # _____
ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ _____

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:
Fireplace(s): Number _____ Type of Fuel _____ BTU's _____ Type Vent _____
Elevator/Escalators: YES NO **Lifts/Moving Walks:** YES NO
Sprinkler System: YES NO **Pressure Vessels:** YES NO
Refrigeration Systems: YES NO

Permit No. _____
Address _____

BUILDING DIMENSIONS

Existing Building Area: _____ sq. ft.
Proposed Building Area: _____ sq. ft.
Total Building Area: _____ sq. ft.

Number Of Stories: _____
Height of Structure Above Grade: _____ 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 _____ **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.

SIGNATURE of Property Owner

Print Name of Property Owner

SIGNATURE of Authorized Agent/Contractor

Print Name of Authorized Agent/Contractor

Contractor Address

Date

Directions to Site: _____

FOR CODE ADMINISTRATOR USE ONLY

ADDITIONAL PERMITS / APPROVALS REQUIRED:

<input type="checkbox"/> STREET CUT/DRIVEWAY	APPROVED _____
<input type="checkbox"/> CUT AND FILL	APPROVED _____
<input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY	APPROVED _____
<input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN	APPROVED _____
<input type="checkbox"/> SEWER CONNECTION	APPROVED _____
<input type="checkbox"/> ON-LOT SEPTIC	APPROVED _____
<input type="checkbox"/> ZONING	APPROVED _____
<input type="checkbox"/> HARB	APPROVED _____
<input type="checkbox"/> OTHER _____	APPROVED _____

PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

Type of document:	Submitted	Signed & Sealed	Date:	Revision Date:
Foundation Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Construction Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Plumbing Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Workers Comp Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____

APPROVALS:

BUILDING PERMIT DENIED: Date _____ Date Returned _____

BUILDING PERMIT APPROVED: _____ Date _____

ZONING / CODE ADMINISTRATOR _____

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:

**SITE OR PLOT PLAN – FOR APPLICANT USE – SHOW ALL PROPERTY LINES -LABEL STREETS AND ALLEYS-
ALL EXISTING STRUCTURES**

