

# DEMOLITION PERMIT APPLICATION PACKET

A Demolition Permit is needed to raze any structure. If the project involves both the demolition of a structure and the construction of a new structure, both a Demolition Permit and a Building Permit are needed.

A Demolition Permit is not required to remove a fence, patio, and small sheds that do not possess utility connections.

If you're unsure if your project needs a Demolition Permit, call the Township at (717) 336-1720.

## **DEMOLITION PERMIT APPLICATIONS MUST INCLUDE THE FOLLOWING ITEMS. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.**

1. **DEMOLITION PERMIT APPLICATION.** Complete all applicable sections of the Demolition Permit Application, and sign and date the application.
2. **CERTIFICATE OF INSURANCE.** If your project is being completed by a contractor, the contractor must provide a certificate of insurance that names the Township as a certificate holder and additional insured, to be listed as "East Cocalico Township, 100 Hill Road, Denver PA 17517." The contractor must also complete the Pennsylvania Workers Compensation Insurance Coverage Information form.
3. **HOME IMPROVEMENT CONTRACTOR VERIFICATION.** If your project is at a residential property and the work is being completed by a contractor, State Law requires the contractor to register as a home improvement contractor with the Office of the Pennsylvania Attorney General. Ask your contractor to provide his/her current license, or visit [hicsearch.attorneygeneral.gov](http://hicsearch.attorneygeneral.gov) to download and print the contractor's license status (it must be valid), and submit this information to the Township.
4. **PERMIT FEE.** The permit fee must be paid at the time the permit is approved for pick-up. Fees vary by project type. Visit [ect.town](http://ect.town) to view the current Fee Schedule.

**Questions? Call the Township at (717) 336-1720, or e-mail [twp@ect.town](mailto:twp@ect.town).**

# EAST COCALICO TOWNSHIP

100 Hill Road, Denver, PA 17517

717-336-1720 • ect.town

## DEMOLITION PERMIT APPLICATION

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### PROPERTY INFORMATION

address \_\_\_\_\_ tax parcel number \_\_\_\_\_

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### APPLICANT INFORMATION

name \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_ e-mail \_\_\_\_\_

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### APPLICANT INFORMATION *(if not property owner)*

name \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_ e-mail \_\_\_\_\_

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### CONTRACTOR INFORMATION *(if any)*

name \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_ e-mail \_\_\_\_\_

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**DESCRIBE THE STRUCTURE TO BE DEMOLISHED. INCLUDE PRESENT AND PAST USES, HEIGHT, SQUARE FOOTAGE, AND DISTANCES TO ALL PROPERTY LINES.**

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**PERMITS ARE CONDITIONED ON THE APPLICANT DISCONNECTING ALL UTILITIES BEFORE WORKS BEGIN. BELOW PLEASE IDENTIFY THE UTILITIES THAT SERVE THE STRUCTURE TO BE DEMOLISHED, AND THE CURRENT CONNECTION STATUS OF EACH:**

	<u>connected</u>	<u>to be disconnected</u>
○ water *	_____	_____
○ sanitary sewer *	_____	_____
○ electric	_____	_____
○ natural gas	_____	_____
○ propane	_____	_____
○ cable	_____	_____
○ other: _____	_____	_____
○ other: _____	_____	_____

\* **IMPORTANT...** Additional approval is required to disconnect connections to the public water and/or public sewer system. Contact the East Cocalico Township Authority for more information.

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**ACKNOWLEDGMENT & SIGNATURE**

As Owner or authorized agent of the project I certify that:

- To the best of my knowledge and belief, all information herein true, correct, and complete, and I understand that any false statement may result in a work stoppage and/or revocation of this Permit.
- This project will be constructed and/or use conducted in accordance with the approved Permit and pursuant to all applicable Township ordinances.
- By signing this application, I hereby authorize the East Cocalico Township Zoning Officer, Building Inspector, or other Township representative to enter the property if necessary to confirm compliance with the Permit and applicable Township ordinances.
- Any proposed changes to this project or use after the Permit is issued will require approval by the East Cocalico Township.

signature: \_\_\_\_\_ date: \_\_\_\_\_

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**TOWNSHIP USE ONLY**

**permit #**

**fee paid**

**cash / check no.**

## PENNSYLVANIA WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

### A. The Applicant Is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law ☐ Yes ☐ No

If the answer is "Yes" complete Section B and C below as appropriate.

### B. Insurance Information

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

☐ Applicant is a qualified self-insurer for workers' compensation

Attach insurance certificate

☐ Applicant carries workers' compensation coverage with an insurance company

Name of Workers' Compensation Insurer: \_\_\_\_\_

Workers' Compensation Policy No.: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Attach insurance certificate

### 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 the Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

☐ 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.

☐ Religious exemption under the Workers' Compensation Law.

### D. Signature

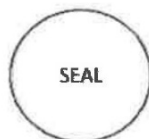
My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation Insurance as need and verifies that all statements made above are true. I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act, I must sign this form in front of a notary public.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF LANCASTER

ON THIS, the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, and being authorized to do so, executed this instrument for the purposes contained herein.

IN WITNESS WHEREOF, I hereto set my hand and official seal.



NOTARY PUBLIC

My commission expires: \_\_\_\_\_