

# Pitcairn Borough

## APPLICATION FOR RESIDENTIAL OR COMMERCIAL DEMOLITION PERMIT

<b><u>Application type</u></b> <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	1. Total Building 2. Total Interior 3. Partial Building 4. Partial Interior	5. Phased Approval (construction to follow) 6. Accessory Structure -bleachers, towers, swimming pools, underground storage tanks, retaining walls greater than 4' high, etc.
<b><u>Site Information</u></b>	NAME: _____ ADDR: _____ _____ Subdivision _____ Lot _____ Block _____  <b>Construction Costs:</b> _____	
<b><u>Use/Occupancy classification:</u></b> (Check all that apply)	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U	
<b><u>Type of work to be demolished</u></b> (check all that apply)	<input type="checkbox"/> General construction <input type="checkbox"/> Plumbing (by ACHD) <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Electrical <input type="checkbox"/> Heating/air conditioning <input type="checkbox"/> Commercial Cooking Hood <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Low Voltage Wiring	
<b><u>Documentation required</u></b>	<input type="checkbox"/> 2 complete sets of signed and stamped demolition drawings. <input type="checkbox"/> Site plan showing the location of proposed work including removal of underground tanks, electrical, plumbing or mechanical and proposed erosion/sedimentation control if excavation is involved. <input type="checkbox"/> Stamped architectural or engineered drawings for changes to egress of remaining spaces or changes to the structure of remaining portion of the building. <input type="checkbox"/> Insurance certificates of contractors, if applicable, must be filed with this application.	
<b><u>Demolition Details</u></b> (Check all that apply)	<input type="checkbox"/> General - total square feet of demolition _____ <input type="checkbox"/> Electrical service _____ outlets _____ switches _____ light fixtures _____ wiring _____ low voltage _____ <input type="checkbox"/> Plumbing water tank _____ water piping _____ sewer piping _____ gas piping _____ fixtures _____ piping below grade _____ <input type="checkbox"/> Mechanical furnace _____ boiler _____ air conditioner _____ exhaust ventilation _____ roof top units _____ <input type="checkbox"/> Fire Protection sprinklers _____ strobes _____ horns _____ standpipe _____ pull stations _____ fire extinguishers _____ smoke/heat alarms _____ <input type="checkbox"/> Basement _____ <input type="checkbox"/> Mezzanine _____ <input type="checkbox"/> Hazardous materials (describe) _____ <input type="checkbox"/> Number of stories _____ Height of building above street _____ <input type="checkbox"/> Number of single dwelling units _____ <input type="checkbox"/> Type of construction: (as per chapter 6 of the <i>International Building Code</i> ) <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB <input type="checkbox"/> If building is legally occupied (Has current Certificate of Occupancy), select which code requirements the building will comply with: (choose one) <input type="checkbox"/> International Existing Building Code or: <input type="checkbox"/> International Building Code Chapter 34 <input type="checkbox"/> Distance to property lines: Front _____ Rear _____ Right side _____ Left side _____	
<b><u>Description of Work</u></b>	_____ _____ _____	

<b><u>Owner Information</u></b>	Owner's name _____ Address _____ _____ Phone _____ Fax _____ Email _____		
<b><u>Contractor Information</u></b>	Company name _____ Address _____ _____ Contact Person _____ Phone _____ Fax _____ Email _____		
<b><u>Insurance Information</u></b>	Company Name _____ Address _____ Policy No. _____ Exp. Date _____ Coverage Amount _____  Note: A copy of your insurance certificate must accompany this application.		
<b><u>Applicant Signature</u></b>	Print Name: _____  Signature _____ Date _____		
<b>Special requirements &amp; documentation</b>	Is this building/ occupancy regulated by the Health Care Facilities Act?	<input type="checkbox"/> Y <input type="checkbox"/> N	If <b>yes</b> , submit 1 copy of the approval letter from the Pennsylvania Department of Health.
	Is this construction exempt from the energy code requirements?	<input type="checkbox"/> Y <input type="checkbox"/> N	If <b>yes</b> , submit 1 copy of a letter indicating that the building or structure uses neither electricity nor fossil fuels, and thus is exempt per ASHRAE 90.1 §2.3(B). If <b>no</b> , submit 1 copy of the COMcheck-EZ Certificate of the UCC ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT for the remaining portion of the building if the building envelope is affected.
	Is project in a flood hazard area?	<input type="checkbox"/> Y <input type="checkbox"/> N	If <b>yes</b> , submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.
	Is this building listed as a historic building under a federal, state or local historic preservation program approved by the Dept. of the Interior?	<input type="checkbox"/> Y <input type="checkbox"/> N	If <b>yes</b> , provide proof of permission for demolition by the governing approved historic preservation program.
	Will asbestos abatement be a part of the project?	<input type="checkbox"/> Y <input type="checkbox"/> N	If <b>yes</b> , submit a copy of the permit from Allegheny County for abatement over 160 sq. ft.
	Is this application for phased approval?	<input type="checkbox"/> Y <input type="checkbox"/> N	If <b>yes</b> , submit a letter signed by the design professional and owner acknowledging that the issuance of a permit for demolition provides no assurance that the code official will grant approval of any UCC permits needed to complete the construction, and that the design professional and owner will ensure that the building or structure fully complies with all UCC requirements before occupancy.
FEE SCHEDULE _____ RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____ DEMOLITION _____ SIGNS _____ X _____ = _____ OTHER _____ OTHER _____  TOTAL _____		PERMIT ISSUED _____ PERMIT DENIED _____  REASON REVISED _____  Z.H.B. CASE # _____  Z.H.B. DECISION _____  X _____ BUILDING CODE OFFICIAL OR CONSTRUCTION CODE OFFICIAL CERTIFICATION NO. _____	

# REQUIRED INSPECTIONS

IT IS MANDATORY TO CALL PITCAIRN BUILDING INSPECTION DEPARTMENT AT 412-787-1510 FOR INSPECTIONS OR VISIT:

<http://plans-examiners.com> - 48-HOUR NOTICE REQUIRED

Contractor Name:  Phone:

For Department use only

**Foundation/Footing** : Prior to backfilling void created by building demolition  
Required:  Date:  Inspector Cert. #   
Inspector Signature:

**Rough Framing**: To be completed after demolition if existing structural elements remain.  
Required:  Date:  Inspector Cert. #   
Inspector Signature:

**Final Mechanical**: To be completed when systems are complete and operational.  
Required:  Date:  Inspector Cert. #   
Inspector Signature:

**Final Electrical**: To be completed prior to final inspection:  
Required:  Date:  Inspector Cert. #   
Inspector Signature:

**Final Energy**: To be completed if building envelope is affected.  
Required:  Date:  Inspector Cert. #   
Inspector Signature:

**Fire Protection Systems**: To be completed on remaining portion of partially demolished system.  
Required:  Date:  Inspector Cert. #   
Inspector Signature:

**Fire Alarm Systems Final**: To be completed on remaining portion of partially demolished system.  
Required:  Date:  Inspector Cert. #   
Inspector Signature:

**Final Building**: After completion of all work and all prior inspections.  
Required:  Date:  Inspector Cert. #   
Inspector Signature:

## INSPECTION PENALTY:

Inspections not cancelled by 4:00 pm of the previous regular business day preceding the day of the scheduled inspection, and re-inspections of previously failed items that incur subsequent failures of the same punch list item shall be subject to a \$75.00 fee per incident.