

**APPLICATION FOR DEMOLITION OR TIMBER PERMIT
TUSCARORA TOWNSHIP, PERRY COUNTY, PA**

Date: _____

In accordance with the provisions of the Zoning Ordinance of Tuscarora Township

(Name of Applicant) (Address of Applicant)

(Telephone # of Applicant) I will be doing the work described myself. Yes No

Owner if different than Applicant _____

Hereby makes applicant for: Zoning Demolition Timber Driveway

Describe the project for which this application is being made: _____

Proposed Use: Residential Commercial Agricultural

Located: _____

Parcel ID # 260, (refer to real estate bill) Zoning District _____

The general shape of lot and location and size of building being accurately shown on the plan on attached sheet, all of which are made a part of this application.

Complete the Following Applicable Information

Manufactured Home make _____ Size _____ X _____ New Used

Mobile Home make _____ Size _____ X _____ New Used

Type of Foundation: Block Concrete (mobile home foundations shall be in accordance with *Zoning, Part 11, General Regulations §27-1101, 10*)

Type of Construction: Brick Block Wood Frame Pole

The structure will be _____ Wide, _____ Long, _____ Number of stories, _____ Square feet

The sign or billboard will be _____ High, _____ Long, _____ Square feet

For a new home or home addition one (1) complete set of building plans shall be provided.

Market Value of Building or Improvements \$ _____ **Copy of Building contract must be attached**
(Include General contract, plumbing, heating, electrical) Permit fee is based on value of construction not cost

Sewage Permit No. _____ Driveway Permit No. _____

PAUCC Building Permit required: Yes No (required for new homes and additions and other structures over 1,000 square feet.

Is the Total Land Area being disturbed for improvements greater than 1 acre Yes No (If yes, a Land Development Plan may need to be submitted pursuant to Tuscarora Township's SALDO, and Township approval, as well as County Conservation office review may be required)

All necessary State, County and Township requirements have been or will be met.

Owner or Agent

(DO NOT WRITE IN SPACES BELOW)

Permit Issue Date: _____ Permit No. _____ Permit Expiration Date: _____

Fee: \$100.00 plus \$2.00 for each \$1,000 Market Value Fee Collected \$ _____ Check No. _____
Demolition - \$25.00; Timber - \$25.00; Driveway - \$75.00

DEMOLITION PERMIT APPLICATION

STARTING DATE: _____ ENDING DATE: _____

DEMOLITION PROPERTY ADDRESS:	Parcel No.: 260,
Contractor:	Tel No.:
Contractor Mailing:	
Owner:	Tel No.:
Owner Mailing:	

<input type="checkbox"/> Residential	Size:	Year Built:	Construction:
<input type="checkbox"/> Commercial	Size:	Year Built:	Construction:
<input type="checkbox"/> Accessory Bldg.	Size:	Year Built:	Construction:
<input type="checkbox"/>	Size:	Year Built:	Construction:
<input type="checkbox"/>	Size:	Year Built:	Construction:

Demolition start date: _____ Demolition finish date: _____ Permit valid for 90 days

Is structure within 15 ft. of public road? NO YES

The owner of the building, shall notify all utilities having service connections. Complete all areas in this portion of the form with disconnection date or scheduled date.

- Electric service disconnected NO YES
- Telephone service disconnected NO YES
- Water well capped NO YES
- Septic System crushed/filled NO YES

Demolition and Removal Procedures:

1. The contractor shall remove the entire building, including all walls, floors, ceiling and foundation supports of all kinds to the basement level. The existing ground level shall be considered to be a straight line drawn between the front highest present elevation and the rear lot line elevation.
2. Demolition work shall be done in strict accordance with all applicable laws, ordinances and codes of Tuscarora Township.
3. In addition to other restrictions, the burning of any materials or rubble on the site is not permitted without approval from the Township.
4. If any building or part thereof which is being demolished contains asbestos in quantities or under circumstances subjecting such asbestos to Federal and/or State asbestos removal regulations, the removal of such asbestos shall be performed only by a person, firm or corporation certified by the applicable Federal and/or State statutes and regulations, no permit shall be issued and no work shall be commenced until a determination of the need for special asbestos removal procedures has been determined by the County Health Department.
5. The use of explosives to perform the work is prohibited.

Cleaning the Site:

The contractor shall remove all equipment and debris from the completed parcels and leave the grounds in a neat condition free from stones, rubbish or debris of any nature.

TIMBER PERMIT APPLICATION

Owner's Name: _____ Telephone No.: _____

Contact Person: _____ Telephone No.: _____

Address: _____

Contractor's Name _____ Telephone No. _____

Address: _____

Insurance Carrier _____ Policy No. _____

Purpose of Timbering: _____

Location of Timbering: _____

Start Date _____ Days for Completion _____

Timber Area: _____ Acres

Erosion & Sediment Control Plan for Timbering Included: _____ Yes (Required for 1 acre or greater)

_____ No (Only for less than 1 acre)

I, _____ The applicant as listed above execute this application
this _____ Day of _____ 20 _____ and understand the requirements of
TUSCARORA TOWNSHIP ORDINANCE NO. _____ and timbering requirements imposed by
said Ordinance.

SIGNATURE _____ **DATE** _____

Note: PERMIT SHALL BE VALID FOR ONE YEAR FROM THE ISSUE DATE.

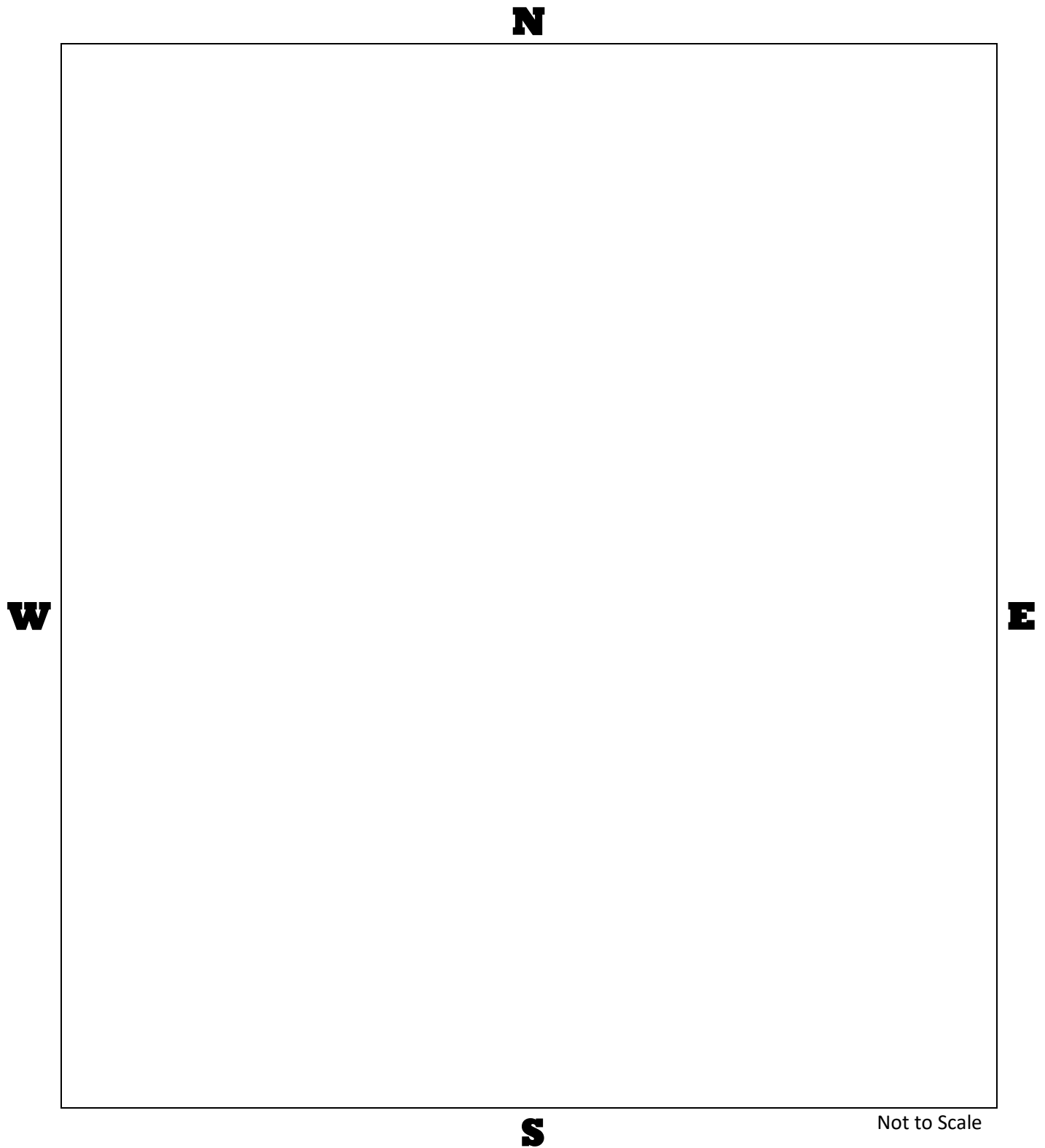
Permit No. _____ Permit Issue Date: _____ Permit Expiration Date: _____

Approved by: _____ Title _____

Fee Collected: \$ _____ Check No. _____

PLAN OF PROPERTY

Provide a sketch of your property showing outline, dimensions, state or township roads, driveway, existing structures (if any), proposed new structures and distance of structures from property line. (A surveyed plot plan can be provided, if you have one.)



Not to Scale

Lot Size _____

Zoning District _____

The **WORKER'S COMPENSATION REFORM ACT (ACT 44 OF 1993)** Effective August 31, 1993, requires all municipalities that issue Building/Zoning Permits to require proof of worker's compensation insurance prior to issuing a building/zoning permit to a contractor or to require an affidavit stating that the contractor is not required to carry worker's compensation insurance. An affidavit, by statutory definition, must be notarized. (if Section B or C are completed)

NOTE: If you are the owner of the property where the work is to be performed AND you are doing the work yourself or acting as a general contractor, please sign on the applicant's line. Notarization NOT required.

A. The applicant is:

A contractor within the meaning of the Pennsylvania Workers compensation Law

Yes No (If no, skip Sections B and C and sign below)

If the answer is "yes", complete Sections B and C below as appropriate and have form notarized.

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 _____

Worker's Compensation Insurer Insurance Policy

No. _____

Certificate attached

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 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.

Signature of Applicant _____

Address _____

Phone No.: _____