

# BOROUGH OF SWISSVALE

## DEMOLITION PERMIT APPLICATION

SITE ADDRESS: \_\_\_\_\_

LOT & BLOCK or TAX PARCEL \_\_\_\_\_

BUILDING TYPE:     COMMERCIAL     RESIDENTIAL     ACCESSORY USE

DESCRIPTION OF STRUCTURE TO BE DEMOLISHED: \_\_\_\_\_

ESTIMATED START DATE: \_\_\_\_\_                      ESTIMATED COMPLETION DATE: \_\_\_\_\_

COST OF DEMOLITION: \$ \_\_\_\_\_

**PROPERTY OWNER:**

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**CONTRACTOR:**                       SELF

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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By signing below, I certify that I am the property owner, authorized agent or the contractor retained by the owner and all information contained herein and/or furnished by me along with this application is true and correct to the best of my knowledge. Furthermore, I acknowledge:

- All sanitary sewers must be sealed and inspected by the Allegheny County Department of Health.
- The Borough of Swissvale and its authorized representatives shall have the authority to enter areas covered by such permit at any reasonable hours to inspect and enforce applicable provisions of the codes and ordinances.
- Lot shall be filled, graded and seeded appropriately in accordance with applicable codes and ordinances.
- Contractor shall provide proof of current general liability insurance.
- Applicant shall provide and attach hereto a signed copy of the Workers' Compensation Addendum.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*\* OFFICE USE ONLY \*\*\*

DATE RECEIVED: \_\_\_\_\_

DEMOLITION PERMIT FEE:        \$ \_\_\_\_\_

PERMIT:                       APPROVED     DENIED

PA UCC FEE                                \$ 4.00

DATE: \_\_\_\_\_

TOTAL PERMIT FEE:                      \$ \_\_\_\_\_

BY: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

ADDRESS:	
DATE APPROVED:	
PERMIT NUMBER:	