



Borough of Wilkinsburg Code Enforcement

Municipal Building
605 Ross Avenue
Wilkinsburg, PA 15221

Phone: (412) 244-2923 • Fax: (412) 244-2922

DEMOLITION PERMIT APPLICATION

APPLICATION DATE: _____ PERMIT # _____

Contractor Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ E-mail _____

Project Name _____

Site Location Address _____

PA ONE CALL SERIAL # _____ Lot & Block _____ Subdivision _____

Property Owner's Name _____ Phone # _____

(If Owner differs from Applicant)

Property Owner Address _____ E-mail _____

If Applicant differs from Property Owner, Please provide Property Owner authorization:

- Use/Occupancy** A-1 A-2 A-3 A-4 A-5 B E
 F-1 F-2 H-1 H-2 H-3 H-4 H-5
 I-1 I-2 I-3 I-4 M R-1 R-2
 R-3 Adult Care R-3 R-4 S-1 S-2 U

Description of Work: _____

Total square feet of demolition area: _____.

Destination of demolished material: _____.

Inspection required before back-fill. Attach dumpster permit application

Fees (definition TBC – to be calculated)

- | | |
|--|------------------|
| <input type="checkbox"/> UCC fee (additional to each listed below) | \$4.50 |
| <input type="checkbox"/> Garage Demolition Permits: | \$60.00 |
| <input type="checkbox"/> Demolition under 2,000 square feet: | \$100.00 |
| <input type="checkbox"/> Demolition over 2,000 sq ft: | TO BE CALCULATED |
- \$100 plus, \$10 for each 1 sq ft, to 1,000 sq ft over 2,000, + \$4 UCC fee.

WORKERS' COMPENSATION ADDENDUM

(Required to be attached to all building permit applications)

Part 1

The Applicant for the permit, in compliance with Act 44 of 1993, hereby submits, (*check one*):

- Certificate of Insurance OR Certificate of Self-Insurance Listing the Borough of Wilkinsburg and our Third (Must Attach)
- Affidavit of Exemption

Part 2

Basis and Affidavit of Exemption

- Applicant is an Individual who owns the property
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Worker's Compensation Act.
- All of the Contractor/Applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Worker's Compensation Act.
- Other: Please explain: _____

My signature on behalf of or as the Contractor/Applicant for this permit constitutes my varication that the statements contained herein are true, and that I am subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

Applicant Signature

Print Name: _____

Signature: _____ Date: _____

For Office Use Only

Permit Number _____

Fee Paid \$ _____

Approved By: _____ Date: _____

Title: _____