



BOROUGH OF MILLERSVILLE DEMOLITION PERMIT APPLICATION

OFFICE USE ONLY

Date Received _____ Lot No _____ Account No _____ Permit No. _____

A. Demolition Site InformationStreet Address _____ Subdivision _____ Lot Type corner interiorUtility Disconnect Electric Water Sewer Private Well On Lot Disposal System

Any buried LP gas or fuel oil storage tanks, refrigerants and luminous signs must be removed. Septic tanks must be removed, filled in or collapsed.

Previous Use Single Family Two Family Multi-Family Other Building Accessory Structure**Description of Use** _____**Demolition Method** (wrecking, implosion, moving, other (specify) _____)

Primary Structure Width _____ Depth _____ #Stories _____ Square Footage _____

Accessory Structure Width _____ Depth _____ #Stories _____ Square Footage _____

Total square footage to be demolished _____

B. Owner/Contractor Information

Owner Name _____ Address _____ Phone _____

Applicant _____ Address _____ Phone _____

Contractor _____ Address _____ Phone _____

Contractor _____ Address _____ Phone _____

Contractor _____ Address _____ Phone _____

Contractor _____ Address _____ Phone _____

C. Authorization

Is application being made by owner of property _____? If not, by what authority _____

Estimated Starting Date _____

Estimated Completion Date _____ Signature of Applicant _____ Date _____

D. Required with each Demolition Permit Application

(3) sets of plot plans showing approximate location of structure(s) to be demolished along with roads, other buildings, etc.

Show any underground tanks or utilities to be filled in or removed.

OFFICE USE ONLY**Additional Requirements**

N/A Approved Denied

Historic Review Zoning Hearing Board OLDS Inspection by SEO ESC Plan 5,000+ sq ft. DEP Asbestos Abatement Form Plumbing Permit-sewer disconnect **ZONING HEARING BOARD**

Appeal Number _____

Decision Date _____

Conditions yes no

Zoning Fee _____ Date _____

Inspection Fee _____ Date _____

Total Fee _____ Date _____

Date Permit Granted _____

Date Permit Denied _____

Code Enforcement Officer

100 Municipal Drive, Millersville PA 17551-1424

Voice 717-872-4645, Fax 717-872-1895

Email millersville@millersvilleborough.org



BOROUGH OF MILLERSVILLE DEMOLITION PERMIT APPLICATION

A. The applicant is:

1. A contractor within the meaning of Act 44 of the Pennsylvania Workers' Compensation Law

Yes No

If the answer is Yes, complete Sections B & C below, as appropriate

2. A Homeowner

Yes No

Note: If you are a homeowner applying for a Building Permit on behalf of a contractor, the contractor must complete this form and provide any required documentation.

B. Insurance Information:

Name of Applicant _____

Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for Workers' Compensation.

Certificate attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy Number _____

Workers' Compensation Insurance Policy Expiration Date _____

C. Exemption:

Complete and notarize 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 Borough.
- Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this _____ day of _____ 20____

signature of Notary Public

My commission expires: _____
(SEAL)

Signature _____

Name of Firm _____

Address _____

Phone _____ Date _____

Failure to submit all or part of this information will result in denial of the demolition permit.