

A SIGNED COPY OF THE CONTRACT MUST BE SUBMITTED WITH APPLICATION



Tax Parcel # _____

Date _____

DEMOLITION PERMIT APPLICATION

Willistown Township

688 Sugartown Road

Malvern, PA 19355

Phone 610.647.5300

Fax 610.647.8156

Property Address/Site Location:

Address _____ City _____ State _____ Zip _____

Name of Owner(s) _____

Willistown Historic Structure (Review Required): Yes _____ No _____

Date Willistown Cleared Historic Structure for Demolition: _____

Other Historic Agency Review Clearance Required: Yes _____ No _____

*if YES submit review approval

Date of Demolition: _____

Description of building (including size of building, number of stories (basement), construction type and use) _____

Prior to issuance of permit, applicant must provide proof of removal and capping of utilities and service connections including:

Electric _____ Gas _____ Water _____ Telephone _____

Sanitary Sewer _____ Storm Water Leaders _____

Prior to issuance of permit, applicant must provide notice to adjoining property owners _____

Method of disposal of debris _____

Restoration of affected area – fences, retaining walls, or permanent repairs to adjacent properties _____

INSPECTIONS REQUIRED:

1. Site Inspection before Demolition _____
2. Utility Connections Removed and Capped _____
3. Restoration of Affected Area _____

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Attach plot plan of proposed work, showing approximate location of demolition.

Property Type: Residential _____ Commercial _____
Renovation Type: Interior _____ Exterior _____

I hereby testify that the signature below is that of the legal owner of the subject property, subject to penalty of law for unsworn statements to public officials

Property Owner's Signature _____
Please Print Name _____ Telephone Number _____

Please do NOT write below this line

Permit # _____ Date Issued _____ Amount Paid \$ _____

Code Administration Officer _____ Date _____

Approved _____ Reason for Disapproval _____

Zoning Officer _____ Date _____

Approved _____ Reason for Disapproval _____

Historic Commission _____ Date _____

Approved _____ Reason for Disapproval _____

Brandywine/Willistown Conservation Trust _____ Date _____

Approved _____ Reason for Disapproval _____

National Land Trust _____ Date _____

Approved _____ Reason for Disapproval _____

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**WILLISTOWN TOWNSHIP HISTORICAL COMMISSION
and
HISTORICAL and ARCHITECTURAL REVIEW BOARD**

The Historical Commission meets once a month.
The first Tuesday of each month at 7:00pm
40 Lloyd Avenue, Suite 208A
Malvern, PA 19355

PLEASE READ THIS INFORMATION CAREFULLY BEFORE COMPLETING THIS APPLICATION.

The Historical Commission can review your application without your presence or the presence of your authorized representative; however, unanswered questions concerning your application may cause tabling of your application until the next meeting that you can attend.

If you have any questions, please feel free to call the Township before you file this application; they will put you in touch with a member of the Commission to guide you through the process.

Your application is due no later than 5 PM, two weeks prior to the Commission Meeting. This will give the Commission time to review your application and prepare a preliminary report for the entire Board. A member of the Board may also call you to clarify questions regarding your application. You must answer all questions on this application (use "N/A" if not applicable) and include any current photographs, elevations, relevant drawings, specific lettering fonts (for signage), and old documents or photographs that you may have researched.



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

Complete all applicable sections of the notification. Fax copies are not accepted, as the notification must be certified with an **original signature**. To avoid a violation by failure to report, it would be prudent to submit a notification regardless of friability of materials. This form is used to satisfy the notification requirements of the following agencies:

- PA Department of Environmental Protection
- PA Department of Labor and Industry
- Allegheny County Health Department
- City of Philadelphia Department of Public Health
- US Environmental Protection Agency

Questions relative to specific filing requirements and enforcement regulations should be directed to the governing agency. Addresses and phone numbers are provided. **Do not mail original notifications to the Department of Labor and Industry.**

- Special Notations:**
- All REVISIONS to a previous notification should be highlighted
 - **Item #5** - Check the box that best describes the entire project
 - **Item #6** - The "Job No." portion of this Item is provided for those contractors who assign a unique job # to their projects
 - **Item #12** - Please provide the information in the format requested
 - If additional space is needed for any descriptive text, please continue on a blank sheet, and attach

The PA DEP Central Office is no longer processing the asbestos demo/reno notification form. Do not send the notification form to the P.O. Box 8468 or the 400 Market Street, Harrisburg address. The notification submission addresses, listed below, are to be used depending on the county location of your project:

If the facility address is in Bucks, Chester, Delaware, or Montgomery Counties, send your notification information to:

PA DEP Southeast Region
Asbestos Notification
2 East Main Street
Norristown, PA 19401-4915
Telephone: 484-250-5920

If the facility address is in Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, or Wyoming Counties, send your notification information to:

PA DEP Northeast Region
Asbestos Notification
2 Public Square
Wilkes-Barre, PA 18701-1915
Telephone: 570-826-5547

If the facility address is in Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, or York Counties, send your notification information to:

PA DEP Southcentral Region
Asbestos Notification
909 Elmerton Avenue
Harrisburg, PA 17110-8200
Telephone: 717-705-4702

If the facility address is in Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, or Union Counties, send your notification information to:

PA DEP Northcentral Region
Asbestos Notification
208 West Third Street, Suite 101
Williamsport, PA 17701-6448
Telephone: 570-321-6580

STATE AND LOCAL AGENCY CONTACTS

City of Philadelphia

City of Philadelphia
Department of Public Health
Air Management Services
Asbestos Control Unit
321 University Avenue
Philadelphia, PA 19104-4597
215-685-7576

Allegheny County

Allegheny County Health Department
Air Quality Program
Building 7
301 39th Street
Pittsburgh, PA 15201-1891
412-578-8133

Labor & Industry Contact

Department of Labor and Industry
Bureau of Occupational and Industrial Safety
Seventh and Forster Streets - Room 1623
Harrisburg, PA 17120
717-772-3396



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR QUALITY

ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Date Received 1

Date Received 2

Postmark Date: _____

Project ID#: _____

Permit #: _____

Other #: _____

Inspector: _____

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NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one): <input type="checkbox"/> Revision (highlight here, and changes) <input type="checkbox"/> Postponement Date of Initial Notification or, if previously revised, date of last revision: _____	<input type="checkbox"/> Initial <input type="checkbox"/> Phase of Annual Notification <input type="checkbox"/> Annual Notification <input type="checkbox"/> Cancellation
2.	PROJECT LOCATION (check one): <input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA (specify county): _____ <input type="checkbox"/> Municipality (specify): _____	
3.	FOR ALLEGHENY COUNTY AND CITY OF PHILADELPHIA PROJECTS ONLY: A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.) B. For City of Philadelphia projects requiring a permit: Asbestos project inspector: _____ Certification #: _____ Company name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).	
5.	TYPE OF OPERATION (check all that apply): <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Abatement prior to Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation	
6.	FACILITY DESCRIPTION: Job No.: _____ (see instructions) Facility Name: _____ Street/Rural Address: _____ City: _____ State: PA Zip Code: _____ Present use: _____ Prior use: _____ Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Facility size in square feet: _____ # of floors: _____ Age in years: _____	
7.	ABATEMENT CONTRACTOR: Company name: _____ Allegheny County or City of Philadelphia License # (if applicable): _____ Street/Rural/POB Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone No. (between 8:00 & 4:30): _____	

14. OPERATION SCHEDULE(S) (as applicable):

- A. Asbestos abatement: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ am pm to _____ am pm
 Days of week (check): Mo Tu We Th Fr Sa Su
- B. Démolition: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ am pm to _____ am pm
 Days of week (check): Mo Tu We Th Fr Sa Su
- C. Renovation: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ am pm to _____ am pm
 Days of week (check): Mo Tu We Th Fr Sa Su

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

17. WASTE TRANSPORTER(S):

- A. Transporter #1 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. Transporter #2 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: _____
Name of individual who ordered: _____ Title: _____
Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: _____ Certification #: _____
Contractor (Individual): _____ Certification #: _____
Supervisor: _____ Certification #: _____
Contractor (Firm): _____ Certification #: _____

******* SIGN BOTH STATEMENTS *******

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: _____ Title: _____

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: _____ Title: _____

FOR OFFICIAL USE ONLY