

# Earl Township

517 North Railroad Avenue  
New Holland, PA 17557  
(717) 354-0773 - Fax (717) 355-0599

## NOTICE TO ALL PERMIT APPLICANTS...

Demo

ANY PERMIT APPROVAL ISSUED BY THE ZONING OFFICER IS BASED UPON INFORMATION PROVIDED BY THE APPLICANT. THE TOWNSHIP HAS NOT PERFORMED A TITLE SEARCH AND HAS NOT DETERMINED WHETHER THE PROPOSED CONSTRUCTION ENCROACHES INTO ANY EASEMENTS OF RECORD.

THE APPLICANT IS ASSUMING ALL RISKS THAT THE HOLDER OF AN EASEMENT, IN EXERCISING RIGHTS UNDER ITS EASEMENT, MAY DAMAGE OR REMOVE THE IMPROVEMENTS AUTHORIZED BY THIS PERMIT. IF THE HOLDER OF ANY EASEMENT, INCLUDING, BUT NOT LIMITED TO THE TOWNSHIP, EXERCISES RIGHTS UNDER SUCH EASEMENT AND DAMAGES OR DESTROYS IMPROVEMENTS AUTHORIZED BY THIS PERMIT, THE TOWNSHIP SHALL HAVE NO LIABILITY.

ANY CHANGES TO ANY EXISTING STORM WATER MANAGEMENT FACILITIES MUST COMPLY WITH ALL APPLICABLE TOWNSHIP ORDINANCES REGULATING EARTH DISTURBANCE AND STORM WATER MANAGEMENT, AND IT IS THE APPLICANT'S RESPONSIBILITY TO IDENTIFY ALL STORM WATER MANAGEMENT FACILITIES AND TO PRESERVE AND MAINTAIN SUCH FACILITIES UNLESS THE APPLICANT OBTAINS THE NECESSARY APPROVALS TO ALTER STORM WATER MANAGEMENT FACILITIES.



# EARL TOWNSHIP

PERMIT # \_\_\_\_\_

## APPLICATION FOR ZONING/DEMO PERMIT

DATE OF RECEIPT: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_

If lot is shown on a recorded subdivision plan, indicate the name of the plan and the book, volume, and page number of the recorded plan: \_\_\_\_\_

Description of Removal and Modification: \_\_\_\_\_

Structure/Modification will contain \_\_\_\_\_ square feet. Dimension: \_\_\_\_\_

Cost of Demolition: \_\_\_\_\_ Value of the Completed Structure or Modification: \_\_\_\_\_  
(Excluding land)

Proposed Use: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

### PROVIDE THREE (3) SETS OF PLANS WHICH CLEARLY SHOW...

1. The dimensions and shape of the lot to be modified.
2. The location and dimensions of proposed removal on the lot.
3. The location of sanitary sewer and water supply facilities
4. \$200.00 non-refundable deposit required for demolition applications submitted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

### FOR ZONING OFFICERS USE ONLY

This application is:    Approved ( )    Denied ( )

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Officers Signature

Comments: \_\_\_\_\_

Deposit Paid: \_\_\_\_\_ Zoning Permit Fee: \_\_\_\_\_ Inspection Fees: \_\_\_\_\_ Admin: \_\_\_\_\_

Total Fee Due: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Tax Map Number: \_\_\_\_\_

# Earl Township Contractor Listing

Permit No. \_\_\_\_\_

Site Address \_\_\_\_\_

## General Contractor

Business Name		
Contact		Telephone
Address		
City	State	Zip
Fax	Mobile	Pager

## Electrical Contractor

Business Name		
Contact		Telephone
Address		
City	State	Zip
Fax	Mobile	Pager

## Plumbing Contractor

Business Name		
Contact		Telephone
Address		
City	State	Zip
Fax	Mobile	Pager

## HVAC Contractor

Business Name		
Contact		Telephone
Address		
City	State	Zip
Fax	Mobile	Pager

# EARL TOWNSHIP

## PA UNIFORM CONSTRUCTION CODE INSPECTION AGENCY INFORMATION SHEET

Earl Township allows the selection of one of the following three inspection agencies for residential and commercial projects.

Please initial and date your selection of Inspection agency you wish to utilize.

\_\_\_\_\_  
ASSOCIATED BUILDING INSPECTIONS, INC  
[www.weknowcodes.com](http://www.weknowcodes.com)

717-733-1654

\_\_\_\_\_  
CODE ADMINISTRATORS, INC  
[www.codeadministrators.com](http://www.codeadministrators.com)

717-859-3350

\_\_\_\_\_  
COMMONWEALTH CODE INSPECTION SERVICE, INC  
[www.codeservices.net](http://www.codeservices.net)

717-664-2347

\_\_\_\_\_  
TECHNICON ENTERPRISES, INC  
[www.technicon2.com](http://www.technicon2.com)

610-286-1622

A Zoning/Building Permit Applications must be completed and three sets of construction plans shall be attached and submitted to the Municipal Office along with the appropriate non-refundable deposit. A plot plan must also be provided. The submitted plans will be reviewed by the selected agency for completeness and code compliancy, after which the applicant will be notified of deficiencies and/or when the Permit is available for issue along with the applicable fees. The inspections shall be scheduled directly between the owner/contractor and the inspection agency. After all work is properly completed and inspected the Certificate of Occupancy will be issued.

517 North Railroad Avenue New Holland Pa 17557  
(717) 354-0773 \* Fax (717) 355-0599

**Workers' Compensation Insurance Coverage Information**  
(attach to building permit application)

**A. The applicant is**

A contractor within the meaning of the Pennsylvania Workers' Compensation Law  
☐ Yes ☐ No

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

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**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 Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy No. \_\_\_\_\_

☐ *Certificate attached*

Policy Expiration Date \_\_\_\_\_

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**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's 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.

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)  
My commission expires: \_\_\_\_\_

(seal)

Signature of applicant \_\_\_\_\_  
Address \_\_\_\_\_

County of \_\_\_\_\_  
Municipality of \_\_\_\_\_

# **BUILDING DEMOLITION DISCLOSURE FORM**

In addition to the Application for Building Permit when demolition waste is a factor this document is required on submission.

**Associated Building Inspections, Inc.**  
**Office of the Fire Marshal**  
**1248 West Main Street Suite 23**  
**Ephrata, PA 17522**

Construction and demolition waste. All waste materials resulting from the building, structural alteration, repair, construction or demolition of buildings or structures shall be disposed of as permitted by applicable municipal, state and federal laws and regulations as may be in effect or as subsequently imposed. It shall be the responsibility of the property owner to ensure the disposal of such waste in accordance with applicable laws and regulations. Nothing contained herein shall be deemed to prohibit any person not regularly engaged in the business of collecting municipal solid waste from hauling his/her construction and demolition waste to a state-permitted disposal facility or to a disposal facility as designated by the municipality in accordance with the regulations of the disposal facility.

## **LOCATION OF DEMOLITION:**

Address: \_\_\_\_\_

Type of Structure: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

Location where waste will be disposed of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **PROPERTY OWNER INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**UCC PLAN REVIEW CHECKLIST**

This checklist must accompany permit applications for new building/structures, additions and renovation projects (those which exceed the scope of Alterations-Level 1)	
ALL INFORMATION MUST BE FILLED IN, CHECKED, OR MARKED "NA"	
Project Name:	
Project Address:	
Owner/Agent:	Telephone:
Design professional or other person we can contact about info on this form and other project details (if same as Owner/Agent, just provide fax number and e-mail address):	Telephone:
	Fax:
	E-mail:

**General Requirements:**

All drawings, shall be sealed, signed, and dated by a design professional (licensed architect or engineer). The only exception is when all of the following apply:

1. The proposed work only involves remodeling or alterations of an existing building or structure.
2. The proposed work does not change the building's structure or means of egress.
3. The person preparing the plans is not compensated for the preparation of the drawings.

All drawings must be neatly drawn with clean, crisp lettering. They must remain legible after reduction for microfilming.

Computer-generated vicinity maps obtained from web-based services (such as MapQuest) are acceptable, as long as the roadways or street names are legible and will remain that way after reduction for microfilming.

When photographs (including digital) are submitted to show building elevations, the images must be in focus and correctly exposed.

A Pennsylvania Department of Transportation (PennDOT) permit allowing access to a highway under its jurisdiction is not required at the time that application is made for a UCC building permit. If the highway occupancy permit issued by PennDOT requires a location of the building/structure differing from that approved under the UCC building permit, applicants must send the Department a letter requesting a determination whether a revision of approved plans will be required.

While we understand that many items on this checklist may not be included in some alteration or renovation projects, we request that all applicants work through the entire checklist to ensure that any necessary items are included. If any item is not necessary, please check "N/A" (not applicable). This will greatly facilitate review and approval of projects.

If any of the non-mandatory sections (any sections other than Site Plans and Architectural Plans) in this document do not apply to the proposed work, please check the "NA" box beside the section title (rather than fill in "NA" next to each item in that section).



# **SITE PLANS:**

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A	a. Site plans shall be prepared to scale (not less than 1" = 20') with legend, north arrow, and separate vicinity (site location) map.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	b. Show the correct street address, parcel number and required municipal zoning (if there is local zoning ordinance) on the site plans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	c. Show and identify all property lines and rights-of-way, with distance from property lines and adjacent buildings on site plans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	d. Show all accessible parking spaces and signage per ICC/ANSI A117.1 and the <i>International Building Code</i> on site plan.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	e. Show accessible curb cuts, ramps, and access ways to the building.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	f. Show all existing and proposed driveway entrances.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	g. Identify adjacent land uses and zoning.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	h. Show all easements, flood ways, and required buffers.
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A	i. Show existing and proposed utilities (with backflow preventers) to serve the site.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	j. Show existing and proposed finish grades.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> N/A	k. Show details, sections, and elevations needed for construction.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	l. Show all buffer and screening landscaping.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	m. Show all required parking and loading spaces and calculations.

# **ARCHITECTURAL PLANS:**

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	a. Show architectural floor plans of each floor. These pages must be at least 18" x 24" in size (but not more than 36" x 42"), drawn to a scale of not less than 1/8" = 1'. Indicate (or reproduce) the approved, tested hourly rating, number and location of all rated members and assemblies (walls, columns, beams, floor and ceiling, and ceiling and roof fire-rated design assemblies).
		b. Show all fire-rated walls (both existing and new) with their ratings, if not shown elsewhere.
		c. <i>Drawings submitted without required fire-rated walls shown will be rejected.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	d. Show the square footage of each floor on the corresponding floor plans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	e. Identify the names and uses of each room.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	f. Furnish door schedule(s), including size, type, rating (if any) and hardware.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	g. Provide all glazing schedules.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	h. Show elevations with dimensions defining overall building height, floor-to-floor heights, or heights to ridge and eave as applicable to the type of building construction listed on the UCC application. (Note: Where an existing building is involved, photographs of all sides of the building may be submitted to show elevations. These will be acceptable only if they show all elements necessary to determine compliance with the UCC.)
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	i. Provide basement percentage-below-grade calculations.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	j. Indicate roof slopes, drainage system and sized through wall scuppers, if applicable to the project.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	k. Show fixed seating for assembly occupancy to allow determination of occupancy posting required by <i>International Building Code</i> .
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	l. Show wall sections with proposed material sizes, construction and fire-rated assemblies.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	m. Show proposed plumbing fixtures and privacy screens on the plans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	n. If masonry construction is proposed, include the following information: <input type="checkbox"/> Type of brick ties and spacing of weep holes <input type="checkbox"/> Control joints <input type="checkbox"/> Placement of wall flashing and reinforcement
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	o. If appropriate for the proposed occupancy, plans should identify all hazardous material control areas, fire barriers, and the require fire-resistance ratings for these barriers. All identified control areas shall list the name, class, quantity, and method of storage of all hazardous materials processed, manufactured, or used in a manufacturing process and contained within its fire barriers. Provide a Material Safety Data Sheet for each listed hazardous material. See sections 414 and 415 of the <i>International Building Code</i> .
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	p. Show the floor slab vapor barrier.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	q. Show foundation water-proofing, if applicable.

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	r. All penetrations of fire-rated construction must be per manufacturer's details. The details shall meet or exceed the rating of construction being penetrated. The penetration details shall be exactly as tested by an approved testing laboratory or agency and shall include their system numbers. New penetrations of existing fire-rated walls and assemblies shall be shown with appropriate designs.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	s. Show penthouse drawings.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	t. On the drawings provide the calculations for the means of egress widths for the entire floor occupancy load and the existing capacity of all exits, including all stairs, doors, corridors, and ramped exits.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	u. Show required ventilation louvers and vent sizes.

**STRUCTURAL PLANS:** ☐ N/A

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	a. Show foundation plans indicating the proposed slab elevations and type of foundation (i.e., mat foundation, caissons, spread footings, etc.).
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	b. Provide preliminary soil analysis data done by a licensed engineer, if required.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	c. Indicate dimensions of foundations.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	d. Show type, size and location of piling and pile caps for pile foundation.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	e. Indicate grade beam sizes.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	f. Indicate a footing schedule defining footing sizes and the required reinforcing.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	g. Show the established footing depth below grade and method of frost protection allowed in section 1805.2.1 of the <i>International Building Code</i> .
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	h. Indicate the thickness of the floor slab, size of reinforcing, slab elevations, and type and details of foundations.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	i. Indicate location, size, and amount of reinforcing steel.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	j. Show foundation corner reinforcing bars and minimum overlapping (as applicable to project structure).
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	k. Provide strength of concrete according to designed soil reports.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	l. Show beams, joists, girders, rafters, and/or truss layouts, and details of connections, structural steel stud gage, gage size, and connections.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	m. Indicate the sizes and species of all wood members and their respective design strength.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	n. Show all columns, girders, joists, purlins, beams, and base plates; for wood construction show all headers.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	o. Provide a complete lintel schedule.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	p. Indicate the type of anchoring for steel bearing directly on masonry.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	q. Indicate design dead and live, wind, snow, seismic loads for floor areas, roofs, balconies, porches, breezeways, corridors, stairs, mezzanines, and platforms. Show concentrated loads, i.e., file rooms, machinery and forklift areas, if greater than those shown on the Code Summary Sheet. Identify shear walls, bracing, strapping fastening, reinforcement and any special anchoring required.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	r. Where applicable, indicate on roof framing plan where concentrated loads (mechanical equipment, cranes, etc.) will be placed.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	s. Indicate on foundation and framing plans the location and lateral load resisting system. (Show alls, braced frames, moment connections, etc.)

**FIRE PROTECTION PLANS:** ☐ N/A

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	a. Complete a sprinkler design data sheet and include it on the first plan of the sprinkler drawings.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	b. Show floor plans for each floor with sprinkler piping layout, pipe sizes, pipe hanger details, piping materials, doors, walls, and room identities.  Often, these shop drawings are not available at the time of the initial plan submission. If this is the case, write in "NA" but note the following: <ul style="list-style-type: none"> <li>• These shop drawings must be submitted for Department review and approval at least two weeks before the projected installation date.</li> </ul>

		<ul style="list-style-type: none"> <li>• Failure to obtain approval of these drawings before installation could result not only in delay of the final inspection and issuance of an occupancy permit, but also in removal and reconstruction of installations which fail to meet UCC requirements.</li> </ul>
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	c. Show ceiling plans with sprinkler head(s) layout, walls, soffits, openings, doors, dimensions and room identities.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	d. Verify system design by providing hydraulic calculations along with the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Recent water flow test</li> <li><input type="checkbox"/> 10 percent safety margin</li> <li><input type="checkbox"/> Type of backflow-preventer or reduced pressure zone showing equivalent foot loss</li> <li><input type="checkbox"/> Fire pump summary</li> </ul>
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	e. Note the type of sprinkler system used (e.g., 13, 13D, or 13R).
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	f. For residential occupancies such as apartments and condominiums, show sprinkler head locations at breezeways, if applicable.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	g. Indicate the certified testing laboratory agency (e.g., U.L.), their test number and hourly ratings of all new and/or affected rated members and assemblies (i.e., columns, beams, floor/ceiling and ceiling/roof fire-rated design assemblies). Show all new and/or affected fire-rated walls with their ratings, if not shown elsewhere.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	h. All penetrations of fire-rated construction must be per manufacturer's details. Details shall meet or exceed ratings of construction being penetrated. Penetration details shall be exactly as tested by a certified testing laboratory or agency and shall include their system numbers. All new penetrations of existing fire-rated walls and assemblies shall be shown with appropriate designs.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	i. Provide a fire alarm riser showing connection to a UL-approved central station. Show tamper switches on both OS and Y valves of backflow prevention device, unless shown elsewhere.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	j. Indicate commodity class (per section 2303 of the <i>International Building Code</i> ) and height of any storage.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	k. Provide Material Safety Data Sheets for any hazardous materials (also specified under "Architectural Plans").
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	l. Where special temperature-rated or high-temperature sprinklers are required, show sprinkler type(s) per area, office size, cut sheets with K-factor, water requirements, spray pattern, coverage, and other pertinent data.

**SYSTEM CALCULATIONS (FIRE PROTECTION):** ☐ N/A

Hydraulically calculated and pipe schedule fire systems should be designed with a 10 percent safety margin for all new buildings and additions to existing buildings. Calculations for hydraulic systems should include:

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	a. Flow and pressure at each flowing sprinkler head.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	b. Flow diagram for a grid system.

**PLUMBING PLANS:** ☐ N/A

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	a. Show a site utilities plan, if not provided with the civil drawings. <ul style="list-style-type: none"> <li><input type="checkbox"/> Show the domestic water, fire, and irrigation services.</li> <li><input type="checkbox"/> Show the location of water meters, backflow protection type and location.</li> <li><input type="checkbox"/> Show the sanitary sewer service from building to public sewer or approved private sewage disposal system.</li> </ul>
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	b. Show interceptors as applicable to project and size by flow rate. (i.e., grease, oil, lint, acid, sand).
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	c. Provide plumbing plan layouts for each floor. These should show the water distribution and drain-waste-vent piping, and all details, notes, legends, and schedule necessary to define the system being installed.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	d. Show the location of all major components required for a complete system.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	e. Provide fixture and equipment schedule showing fixture number, detailed description, hot water, cold water, waste and vent connection sizes and other pertinent data.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	f. Identify all fixtures on floor plans and in riser diagrams with the plumbing fixture schedule number.

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	g. Supply and Waste/Vent piping shall be shown on the floor plans. All pipe sizes shall be clearly shown. In congested areas (e.g., restaurants, grocery stores, etc.), isometrics are required.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	h. On buildings two stories and above, provide isometric diagrams and/or schematic riser diagrams for Supply and Waste/Vent piping and identify the risers by number (e.g., R1, R2, etc.). Show where all riser base terminations connect to the building drain, along with all interconnected piping on each floor plan. All pipe sizes shall be clearly defined.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	i. Show the water, sanitary drain-waste-vent piping and storm leaders/drains. Indicate sizes and materials for above/below grade.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	j. Show slope of horizontal sanitary and storm drains that equal or exceed 3" diameter, if less than 1/8" per foot.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	k. Indicate roof drains and emergency roof drains/scuppers with the areas they impact. Note that "emergency" = "secondary" = "overflow," see following roof drainage examples: Roof Drain – 6" RD (16880 SF) Emergency Roof Drain – 6" ERD (8180 SF) Parapet Wall Scupper – 8" x 5" WS (4000 SF) Emergency Scupper – 8" x 7" ES (4200 SF)
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	l. Show toilet room layouts with minimum of 1/4" = 1 foot scale.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	m. Show drinking fountain locations.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	n. All penetrations of fire-rated construction must be per manufacturer's details. The details shall meet or exceed rating of construction being penetrated. The penetration details shall be exactly as tested by an approved testing laboratory or agency and shall include their number systems.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	o. Room names and numbers for each floor should be on a floor plan for each level.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	p. Provide minimum facilities calculations.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	q. Column line notations, if provided on the architectural/structural plans, shall be indicated on the plumbing plans.

**MECHANICAL PLANS:** ☐ N/A

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	a. Show all required wall louvers, penetrations, and fans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	b. Indicate roof-mounted equipment locations.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	c. Show all mechanical equipment, piping, ductwork (above/below slab) on the mechanical floor and/or roof plan.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	d. Provide mechanical plans for each floor and the roof. These shall show the ductwork layouts, schedules, notes, legends, piping schematics, and details necessary to define the system being installed.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	e. Indicate air distribution devices and show cfm for all supply, return, and exhaust devices.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	f. Indicate the location of all equipment components required for a complete system.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	g. Show the smoke ventilation of atriums and pressurization of high-rise stairwells.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	h. Show condensation drains, primary and secondary, from the unit to the point of discharge.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	i. Indicate toilet exhaust requirements
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	j. Show mechanical room layouts at sufficient scale for dimensions and details to be ascertained.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	k. Show the size of duct runs.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	l. Indicate controls for fan shutdown: emergency manual and automatic smoke detection.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	m. Show the location of all UL 555-certified fire dampers, ceiling radiation dampers, smoke dampers, and fire doors.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	n. Show all fire-rated walls (both existing and new) with their ratings on the mechanical plans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	o. All penetrations of fire-rated construction must be per manufacturer's details.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	p. Room names and numbers for each floor should be on a floor plan for each level.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	q. Provide outside air ventilation rate per the <i>International Mechanical Code</i> .

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	r. Column line notations, if provided on the architectural/structural plans, shall be identified on the mechanical plans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	s. Provide gas piping layout on the floor plan for each floor. If it is a multi-story building, all gas piping shall be shown per floor. Include pipe sizes, water column, and type of material. Provide a schedule of connected equipment, total BTUH demand, total equivalent length, and most remote gas appliance.

**ELECTRICAL PLANS:** ☐ N/A

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	a. Provide panel schedules with circuit and feeder loading, overcurrent protection, and NEC load summaries for all new and/or affected panels and services (loading has to be evaluated by highest phase); include fault current data, short circuit ratings, and fault current protection co-ordination.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	b. Provide a single line riser diagram showing all new and/or affected services, feeders, wire sizes, and insulation types, and conduit sizes and types.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	c. Indicate number of services and their physical locations; clearly indicate mains and characteristics.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	d. Indicate the grounding electrode conductor size with new and/or affected services and transformers; where necessary provide details or notes on methods.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	e. Show physical locations of all new and/or affected panels and switchgear (indicate front).
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	f. Indicate receptacle plans with circuitry.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	g. Indicate lighting plans with circuitry.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	h. Show electrical plans for each affected floor, including the roof.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	i. Show wiring method(s), conduit sizes and types, termination temperature (60, 75, 90) requirements, conductor sizes, and insulation types.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	j. Indicate the design and/or operation for any of the following applicable life safety systems: emergency generators, smoke evacuation, shaft pressurization and relief, smoke detection, egress and emergency lighting, and fire alarms.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	k. Indicate how special needs such as classified (hazardous), corrosive and patient care are treated. Provide detailed plan of classified areas, the classifications and how complied with (i.e., hangers, waste treatment and collection, flammable dusts, gases or liquids, spray booths, vehicle servicing and parking, etc.).
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	l. Provide all HVAC nameplate data, including MCA and MOCP. List all other appliance and/or equipment (other than those which will be connected to a general use receptacle) with nameplate data (i.e., voltage, phasing, HP, KVA, FLA, RLA, etc.).
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	m. Indicate all motor horse power ratings, if not supplied elsewhere.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	n. Indicate the certified testing laboratory or agency (e.g., UL), their test number and hourly ratings of all new and/or affected rated members and assemblies (i.e., columns, beams, floor/ceiling, and ceiling/roof fire-rated design assemblies). Show all new and/or affected fire-rated walls with their ratings, if not shown elsewhere.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	o. All penetrations of fire-rated construction must be per manufacturer's details. The details shall meet or exceed ratings of construction being penetrated. Penetration details shall be exactly as tested by an approved testing laboratory or agency and shall include their system numbers. New penetrations of existing fire-rated walls and assemblies shall be shown with appropriate designs.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	p. Provide all applicable <i>International Energy Conservation Code</i> compliance data on the Building Code Summary sheet or on the electrical plans.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	q. All submittals should include a listing and labeling statement. (All electrical materials, devices, appliances, and equipment shall be labeled and listed by a certified testing laboratory or agency.)

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# TECHNICON ENTERPRISES INC., II

## DEMOLITION PERMIT

EARL TOWNSHIP  
LANCASTER COUNTY

Date Issued \_\_\_\_\_

Date Expires \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Site Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Tax Map Number \_\_\_\_\_

Zoning District \_\_\_\_\_

Description and size of building to be removed \_\_\_\_\_

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

Issuing Township Official \_\_\_\_\_

Fee Paid By: Cash \_\_\_\_\_

Check # \_\_\_\_\_

All demolition must be completed in accordance with Township Codes and Ordinances.

No. \_\_\_\_\_

## CHAPTER 33

# SAFEGUARDS DURING CONSTRUCTION

### SECTION 3301 GENERAL

**3301.1 Scope.** The provisions of this chapter shall govern safety during construction and the protection of adjacent public and private properties.

**3301.2 Storage and placement.** Construction equipment and materials shall be stored and placed so as not to endanger the public, the workers or adjoining property for the duration of the construction project.

### SECTION 3302 CONSTRUCTION SAFEGUARDS

**3302.1 Remodeling and additions.** Required exits, existing structural elements, fire protection devices and sanitary safeguards shall be maintained at all times during remodeling, alterations, repairs or additions to any building or structure.

#### Exceptions:

1. When such required elements or devices are being remodeled, altered or repaired, adequate substitute provisions shall be made.
2. When the existing building is not occupied.

**3302.2 Manner of removal.** Waste materials shall be removed in a manner which prevents injury or damage to persons, adjoining properties and public rights-of-way.

### SECTION 3303 DEMOLITION

**3303.1 Construction documents.** Construction documents and a schedule for demolition must be submitted when required by the building official. Where such information is required, no work shall be done until such construction documents or schedule, or both, are approved.

**3303.2 Pedestrian protection.** The work of demolishing any building shall not be commenced until pedestrian protection is in place as required by this chapter.

**3303.3 Means of egress.** A party wall balcony or horizontal exit shall not be destroyed unless and until a substitute means of egress has been provided and approved.

**3303.4 Vacant lot.** Where a structure has been demolished or removed, the vacant lot shall be filled and maintained to the existing grade or in accordance with the ordinances of the jurisdiction having authority.

**3303.5 Water accumulation.** Provision shall be made to prevent the accumulation of water or damage to any foundations on the premises or the adjoining property.

**3303.6 Utility connections.** Service utility connections shall be discontinued and capped in accordance with the approved rules and the requirements of the authority having jurisdiction.

### SECTION 3304 SITE WORK

**3304.1 Excavation and fill.** Excavation and fill for buildings and structures shall be constructed or protected so as not to endanger life or property. Stumps and roots shall be removed from the soil to a depth of at least 12 inches (305 mm) below the surface of the ground in the area to be occupied by the building. Wood forms which have been used in placing concrete, if within the ground or between foundation sills and the ground, shall be removed before a building is occupied or used for any purpose. Before completion, loose or casual wood shall be removed from direct contact with the ground under the building.

**3304.1.1 Slope limits.** Slopes for permanent fill shall not be steeper than one unit vertical in two units horizontal (50-percent slope). Cut slopes for permanent excavations shall not be steeper than one unit vertical in two units horizontal (50-percent slope). Deviation from the foregoing limitations for cut slopes shall be permitted only upon the presentation of a soil investigation report acceptable to the building official.

**3304.1.2 Surcharge.** No fill or other surcharge loads shall be placed adjacent to any building or structure unless such building or structure is capable of withstanding the additional loads caused by the fill or surcharge. Existing footings or foundations which can be affected by any excavation shall be underpinned adequately or otherwise protected against settlement and shall be protected against later movement.

**3304.1.3 Footings on adjacent slopes.** For footings on adjacent slopes, see Chapter 18.

**3304.1.4 Fill supporting foundations.** Fill to be used to support the foundations of any building or structure shall comply with Section 1803.5. Special inspections of compacted fill shall be in accordance with Section 1704.7.

### SECTION 3305 SANITARY

**3305.1 Facilities required.** Sanitary facilities shall be provided during construction, remodeling or demolition activities in accordance with the *International Plumbing Code*.



## CHAPTER 14

# FIRE SAFETY DURING CONSTRUCTION AND DEMOLITION

### SECTION 1401 GENERAL

**1401.1 Scope.** This chapter shall apply to structures in the course of construction, alteration, or demolition, including those in underground locations. Compliance with NFPA 241 is required for items not specifically addressed herein.

**1401.2 Purpose.** This chapter prescribes minimum safeguards for construction, alteration, and demolition operations to provide reasonable safety to life and property from fire during such operations.

### SECTION 1402 DEFINITIONS

**1402.1 Terms defined in Chapter 2.** Words and terms used in this chapter and defined in Chapter 2 shall have the meanings ascribed to them as defined therein.

### SECTION 1403 TEMPORARY HEATING EQUIPMENT

**1403.1 Listed.** Temporary heating devices shall be listed and labeled in accordance with the *International Mechanical Code* or the *International Fuel Gas Code*. Installation, maintenance and use of temporary heating devices shall be in accordance with the terms of the listing.

**1403.2 Oil-fired heaters.** Oil-fired heaters shall comply with Section 603.

**1403.3 LP-gas heaters.** Fuel supplies for liquefied-petroleum gas-fired heaters shall comply with Chapter 38 and the *International Fuel Gas Code*.

**1403.4 Refueling.** Refueling operations for liquid-fueled equipment or appliances shall be conducted in accordance with Section 3405. The equipment or appliance shall be allowed to cool prior to refueling.

**1403.5 Installation.** Clearance to combustibles from temporary heating devices shall be maintained in accordance with the labeled equipment. When in operation, temporary heating devices shall be fixed in place and protected from damage, dislodgement or overturning in accordance with the manufacturer's instructions.

**1403.6 Supervision.** The use of temporary heating devices shall be supervised and maintained only by competent personnel.

### SECTION 1404 PRECAUTIONS AGAINST FIRE

**1404.1 Smoking.** Smoking shall be prohibited except in approved areas. Signs shall be posted in accordance with Section 310. In approved areas where smoking is permitted,

approved ashtrays shall be provided in accordance with Section 310.

**1404.2 Waste disposal.** Combustible debris shall not be accumulated within buildings. Combustible debris, rubbish and waste material shall be removed from buildings at the end of each shift of work. Combustible debris, rubbish and waste material shall not be disposed of by burning on the site unless approved.

**1404.3 Open burning.** Open burning shall comply with Section 307.

**1404.4 Spontaneous ignition.** Materials susceptible to spontaneous ignition, such as oily rags, shall be stored in a listed disposal container.

**1404.5 Fire watch.** When required by the fire code official for building demolition that is hazardous in nature, qualified personnel shall be provided to serve as an on-site fire watch. Fire watch personnel shall be provided with at least one approved means for notification of the fire department and their sole duty shall be to perform constant patrols and watch for the occurrence of fire.

**1404.6 Cutting and welding.** Operations involving the use of cutting and welding shall be done in accordance with Chapter 26.

**1404.7 Electrical.** Temporary wiring for electrical power and lighting installations used in connection with the construction, alteration or demolition of buildings, structures, equipment or similar activities shall comply with the *ICC Electrical Code*.

### SECTION 1405 FLAMMABLE AND COMBUSTIBLE LIQUIDS

**1405.1 Storage of flammable and combustible liquids.** Storage of flammable and combustible liquids shall be in accordance with Section 3404.

**1405.2 Class I and Class II liquids.** The storage, use and handling of flammable and combustible liquids at construction sites shall be in accordance with Section 3406.2. Ventilation shall be provided for operations involving the application of materials containing flammable solvents.

**1405.3 Housekeeping.** Flammable and combustible liquid storage areas shall be maintained clear of combustible vegetation and waste materials. Such storage areas shall not be used for the storage of combustible materials.

**1405.4 Precautions against fire.** Sources of ignition and smoking shall be prohibited in flammable and combustible liquid storage areas. Signs shall be posted in accordance with Section 310.

**1405.5 Handling at point of final use.** Class I and II liquids shall be kept in approved safety containers.

**1405.6 Leakage and spills.** Leaking vessels shall be immediately repaired or taken out of service and spills shall be cleaned up and disposed of properly.

#### **SECTION 1406 FLAMMABLE GASES**

**1406.1 Storage and handling.** The storage, use and handling of flammable gases shall comply with Chapter 35.

#### **SECTION 1407 EXPLOSIVE MATERIALS**

**1407.1 Storage and handling.** Explosive materials shall be stored, used and handled in accordance with Chapter 33.

**1407.2 Supervision.** Blasting operations shall be conducted in accordance with Chapter 33.

**1407.3 Demolition using explosives.** Approved fire hoses for use by demolition personnel shall be maintained at the demolition site whenever explosives are used for demolition. Such fire hoses shall be connected to an approved water supply and shall be capable of being brought to bear on post-detonation fires anywhere on the site of the demolition operation.

#### **SECTION 1408 OWNER'S RESPONSIBILITY FOR FIRE PROTECTION**

**1408.1 Program superintendent.** The owner shall designate a person to be the Fire Prevention Program Superintendent who shall be responsible for the fire prevention program and ensure that it is carried out through completion of the project. The fire prevention program superintendent shall have the authority to enforce the provisions of this chapter and other provisions as necessary to secure the intent of this chapter. Where guard service is provided, the superintendent shall be responsible for the guard service.

**1408.2 Prefire plans.** The fire prevention program superintendent shall develop and maintain an approved prefire plan in cooperation with the fire chief. The fire chief and the fire code official shall be notified of changes affecting the utilization of information contained in such prefire plans.

**1408.3 Training.** Training of responsible personnel in the use of fire protection equipment shall be the responsibility of the fire prevention program superintendent.

**1408.4 Fire protection devices.** The fire prevention program superintendent shall determine that all fire protection equipment is maintained and serviced in accordance with this code. The quantity and type of fire protection equipment shall be approved.

**1408.5 Hot work operations.** The fire prevention program superintendent shall be responsible for supervising the permit system for hot work operations in accordance with Chapter 26.

**1408.6 Impairment of fire protection systems.** Impairments to any fire protection system shall be in accordance with Section 901.

**1408.7 Temporary covering of fire protection devices.** Coverings placed on or over fire protection devices to protect them from damage during construction processes shall be immediately removed upon the completion of the construction processes in the room or area in which the devices are installed.

#### **SECTION 1409 FIRE REPORTING**

**1409.1 Emergency telephone.** Readily accessible emergency telephone facilities shall be provided in an approved location at the construction site. The street address of the construction site and the emergency telephone number of the fire department shall be posted adjacent to the telephone.

#### **SECTION 1410 ACCESS FOR FIRE FIGHTING**

**1410.1 Required access.** Approved vehicle access for fire fighting shall be provided to all construction or demolition sites. Vehicle access shall be provided to within 100 feet (30 480 mm) of temporary or permanent fire department connections. Vehicle access shall be provided by either temporary or permanent roads, capable of supporting vehicle loading under all weather conditions. Vehicle access shall be maintained until permanent fire apparatus access roads are available.

**1410.2 Key boxes.** Key boxes shall be provided as required by Chapter 5.

#### **SECTION 1411 MEANS OF EGRESS**

**[B] 1411.1 Stairways required.** Where a building has been constructed to a height greater than 50 feet (15 240 mm) or four stories, or where an existing building exceeding 50 feet (15 240 mm) in height is altered, at least one temporary lighted stairway shall be provided unless one or more of the permanent stairways are erected as the construction progresses.

**1411.2 Maintenance.** Required means of egress shall be maintained during construction and demolition, remodeling or alterations and additions to any building.

**Exception:** Approved temporary means of egress systems and facilities.

**[B] 1411.3 Stairway floor number signs.** Temporary stairway floor number signs shall be provided in accordance with the requirements of Section 1012.1.7.

#### **SECTION 1412 WATER SUPPLY FOR FIRE PROTECTION**

**1412.1 When required.** An approved water supply for fire protection, either temporary or permanent, shall be made available as soon as combustible material arrives on the site.

### SECTION 1413 STANDPIPES

**1413.1 Where required.** Buildings four or more stories in height shall be provided with not less than one standpipe for use during construction. Such standpipes shall be installed when the progress of construction is not more than 40 feet (12 192 mm) in height above the lowest level of fire department access. Such standpipe shall be provided with fire department hose connections at accessible locations adjacent to usable stairs. Such standpipes shall be extended as construction progresses to within one floor of the highest point of construction having secured decking or flooring.

**1413.2 Buildings being demolished.** Where a building is being demolished and a standpipe is existing within such a building, such standpipe shall be maintained in an operable condition so as to be available for use by the fire department. Such standpipe shall be demolished with the building but shall not be demolished more than one floor below the floor being demolished.

**1413.3 Detailed requirements.** Standpipes shall be installed in accordance with the provisions of Section 905.

**Exception:** Standpipes shall be either temporary or permanent in nature, and with or without a water supply, provided that such standpipes comply with the requirements of Section 905 as to capacity, outlets and materials.

### SECTION 1414 AUTOMATIC SPRINKLER SYSTEM

**1414.1 Completion before occupancy.** In buildings where an automatic sprinkler system is required by this code or the *International Building Code*, it shall be unlawful to occupy any portion of a building or structure until the automatic sprinkler system installation has been tested and approved, except as provided in Section 105.3.3.

**1414.2 Operation of valves.** Operation of sprinkler control valves shall be allowed only by properly authorized personnel and shall be accompanied by notification of duly designated parties. When the sprinkler protection is being regularly turned off and on to facilitate connection of newly completed segments, the sprinkler control valves shall be checked at the end of each work period to ascertain that protection is in service.

### SECTION 1415 PORTABLE FIRE EXTINGUISHERS

**1415.1 Where required.** Structures under construction, alteration or demolition shall be provided with not less than one approved portable fire extinguisher in accordance with Section 906 and sized for not less than ordinary hazard as follows:

1. At each stairway on all floor levels where combustible materials have accumulated.
2. In every storage and construction shed.
3. Additional portable fire extinguishers shall be provided where special hazards exist including, but not limited to, the storage and use of flammable and combustible liquids.

### SECTION 1416 MOTORIZED EQUIPMENT

**1416.1 Conditions of use.** Internal-combustion-powered construction equipment shall be used in accordance with all of the following conditions:

1. Equipment shall be located so that exhausts do not discharge against combustible material.
2. Exhausts shall be piped to the outside of the building.
3. Equipment shall not be refueled while in operation.
4. Fuel for equipment shall be stored in an approved area outside of the building.

### SECTION 1417 SAFEGUARDING ROOFING OPERATIONS

**1417.1 General.** Roofing operations utilizing heat-producing systems or other ignition sources shall be performed by a contractor licensed and bonded for the type of roofing process to be performed.

**1417.2 Asphalt and tar kettles.** Asphalt and tar kettles shall be operated in accordance with Section 303.

**1417.3 Fire extinguishers for roofing operations.** Fire extinguishers shall comply with Section 906. There shall be not less than one multipurpose portable fire extinguisher with a minimum 3-A 40-B:C rating on the roof being covered or repaired.



**pennsylvania**

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF AIR QUALITY

## 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
- US Environmental Protection Agency
- Allegheny County Health Department
- City of Philadelphia Department of Public Health

Questions relative to specific filing requirements and enforcement regulations should be directed to the governing agency. Addresses and phone numbers are listed on the reverse. **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

For projects in all areas except Allegheny County and the City of Philadelphia, this Notification and subsequent revisions (one original only, no copies) must be submitted to the following address.

Regular Mail  
ASBESTOS NOTIFICATION  
DEP BUREAU OF AIR QUALITY  
PO BOX 8468  
HARRISBURG, PA 17105-8468

Overnight/Express Mail/Hand Delivery  
ASBESTOS NOTIFICATION  
DEP BUREAU OF AIR QUALITY  
400 MARKET STREET  
HARRISBURG, PA 17101

For projects in Allegheny County or the City of Philadelphia, this form must be submitted to the appropriate address, directly following. Allegheny County requires two copies, the City of Philadelphia, three. If this project requires a permit application, it must be approved prior to the start of the project, and 2 copies must be included with the notification. A copy of the facility inspection survey must also be included for all demolition projects. Do not send these documents directly to Harrisburg.

Allegheny County Health Department  
Air Quality Program  
Building 7  
301 39th Street  
Pittsburgh, PA 15201-1891  
Attn: Asbestos Abatement Permitting

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

Allegheny County - A permit is required if the project involves at least 260 linear feet or 160 square feet of any asbestos containing material. For Item #10, the survey must be included for demolition projects. Item #25 should be signed by the Contractor. Item #26 should be signed by the Facility Owner. Information can be obtained by calling 412-678-8133.

City of Philadelphia - A permit is required if the project involves 80 or more square feet or 40 or more linear feet of friable asbestos containing material and does not involve an exempted private residence. Information can be obtained by calling 215-685-7576.

If this project is regulated by the Asbestos NESHAP, a photocopy of this notification must be sent to EPA Region III at the address directly following. EPA's telephone number is 215-814-2164/215-814-2135.

Asbestos NESHAP Coordinator (3WC32)  
US EPA Region III  
1650 Arch Street  
Philadelphia, PA 19103-2029

**Questions** regarding completion of the notification form should be directed to 717-772-3993/717-787-9257 or the appropriate enforcement agency listed on the reverse.

**REMINDER:** Notifications must contain original signatures for Items 25 and 26 or they will be returned to the sender, unprocessed. If a notification is returned for original signature, the ten-day reporting period will begin with the postmark date of the resubmitted notification with original signature.

-- SEE REVERSE FOR LIST OF CONTACTS --

## 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  
215-686-7676

### Allegheny County

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

### All Other Counties

#### DEP Contact

Bradford, Cameron, Centre, Clearfield, Clinton,  
Columbia, Lycoming, Montour, Northumberland,  
Potter, Snyder, Sullivan, Tioga, and Union

DEP Northcentral Region  
208 West 3rd Street - Suite 101  
Williamsport, PA 17701-8448  
570-327-3838

Carbon, Lackawanna, Lehigh, Luzerne, Monroe,  
Northampton, Pike, Schuylkill, Susquehanna,  
Wayne, and Wyoming

DEP Northeast Region  
2 Public Square  
Wilkes-Barre, PA 18711-0790  
570-826-2531

Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson,  
Lawrence, McKean, Mercer, Venango, and Warren

DEP Northwest Region  
230 Chestnut Street  
Meadville, PA 16335-3481  
814-332-6940

Adams, Bedford, Berks, Blair, Cumberland, Dauphin,  
Franklin, Fulton, Huntingdon, Juniata, Lancaster,  
Lebanon, Mifflin, Perry, and York

DEP Southcentral Region  
909 Elmerton Avenue  
Harrisburg, PA 17110  
717-705-4702

Bucks, Chester, Delaware, and Montgomery

DEP Southeast Region  
2 East Main Street  
Norristown, PA 19401  
484-250-5820

Armstrong, Beaver, Cambria, Fayette, Greene,  
Indiana, Somerset, Washington, and Westmoreland

DEP Southwest Region  
400 Waterfront Drive  
Pittsburgh, PA 15222-4745  
412-442-4174

### Labor & Industry Contact

Department of Labor and Industry  
Bureau of Occupational and Industrial Safety  
Seventh and Forster Streets - Room 1623  
Harrisburg, PA 17120  
717-772-3398



# ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only	Date Received 1	Date Received 2
Postmark Date: _____		
Project ID#: _____		
Permit #: _____		
Other #: _____		
Inspector: _____		

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"/> Initial	<input type="checkbox"/> Annual Notification
<input type="checkbox"/> Revision (highlight here, and changes)	<input type="checkbox"/> Phase of Annual Notification	
<input type="checkbox"/> Postponement	<input type="checkbox"/> Cancellation	
Date of Initial Notification or, if previously revised, date of last revision: _____		
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): _____		
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 one):		
<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): _____		

<b>8. DEMOLITION CONTRACTOR:</b> Company name: _____ Street/Rural/POB Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone No. (between 8:00 & 4:30): _____						
<b>9. FACILITY OWNER:</b> Owner name: _____ Street/Rural/POB Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone No. (between 8:00 & 4:30): _____						
<b>10. FACILITY INSPECTION (required for renovation and demolition projects):</b> Building Inspector: _____ Certification # _____ Date of inspection: _____ Is any material assumed to be asbestos? <input type="checkbox"/> Yes <input type="checkbox"/> No Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: _____ _____						
<input type="checkbox"/> Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)						
<b>11. IS ANY TYPE OF ASBESTOS PRESENT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list in #12						
<b>12. TYPE OF ACM, DESCRIPTION &amp; LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.</b> PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.						
Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
<b>Code *</b> <u>Type of ACM</u>	<b>Code **</b> <u>Units</u>	<b>Code ***</b> <u>Type of abatement</u>	<b>Code ****</b> <u>Final Clearance</u>			
FRI - Friable ACM	LF - Linear ft.	REM - Removal	PCM - Phase contrast microscopy			
NF1 - Cat I nonfriable ACM	SF - Square ft.	CAP - Encapsulation	TEM - Transmission electron microscopy			
NF2 - Cat II nonfriable ACM	CF - Cubic ft.	CLO - Enclosure				
(Note: Allegheny County treats all ACM as friable)		NON - None				
<b>13. Is this project regulated by NESHA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No A project that includes the demolition of any defined "facility" is regulated by NESHA. A renovation project is also regulated by NESHA when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.						

**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. Demolition: 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: \_\_\_\_\_



18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

A. Landfill name: \_\_\_\_\_ DEP permit #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. Landfill name: \_\_\_\_\_ DEP permit #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

19. AIR MONITORING FIRM(S)

A. Company name/individual: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. Final clearance firm: (if different than 19A) \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Final clearance firm was hired by (check one) ☐ Contractor ☐ Owner  
☐ Other Explain: \_\_\_\_\_

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

A. POM company name/individual: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. TEM company name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): \_\_\_\_\_ Hour of emergency: \_\_\_\_\_ ☐ am ☐ pm

Description of the sudden, unexpected event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 GRUMBLED, 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 49 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. §4604 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

\_\_\_\_\_  
(Original Signature of Owner/Operator)\_\_\_\_\_  
(Date)

Printed Name of Owner/Operator: \_\_\_\_\_

Title: \_\_\_\_\_

FOR OFFICIAL USE ONLY