



## West Manheim Township, York County, PA

2412 Baltimore Pike Hanover, PA 17331

Ph: (717)632-0320 ■ Fax: (717)632-2499 ■ www.westmanheimtwp.com

### Application for Demolition

#### Location of demolition –

Property Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Cross Streets: \_\_\_\_\_ and \_\_\_\_\_

Map & Parcel: \_\_\_\_\_ Zoning District: \_\_\_\_\_ (R,F,C-I, BC,RR,SR)

Water System: Public \_\_\_\_\_ Private \_\_\_\_\_ / Sewage Disposal: Public \_\_\_\_\_ Private \_\_\_\_\_ / Sprinklers: Y/N

#### Owner Information –

Property Owner Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

#### Contractor Information – (if applicable)

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

Contractors PA Home Improvement License #: \_\_\_\_\_

#### Demolition Information –

Type of structure to be removed: \_\_\_\_\_ Square footage of area to be removed: \_\_\_\_\_

#### Required at Submission –

\_\_\_\_\_ Drawing of structure to be removed (location, shape, distance to property lines)

\_\_\_\_\_ Submission of demolition application fee of \$50.00

Cash or check made payable to West Manheim Township

Estimated Project Cost of Improvement: \$ \_\_\_\_\_

**\*\*Please remove the last page of this packet. Page contains information & specifications for construction \*\***

# Workers' Compensation Insurance Coverage Information

(Attach to building application)

A. **The applicant is:** \_\_\_\_\_

A contractor within the meaning of the Pennsylvania Worker's 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 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: \_\_\_\_\_

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and understand and assume responsibility for the establishment of the official property lines for required setbacks prior to start of construction and agree to conform to all applicable laws of this jurisdiction. I further certify that this information given is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Municipal/Inspector Use**

Zoning Code: \_\_\_\_\_ Building Code: \_\_\_\_\_

Stormwater Required:  Yes  No

Building Plan Review:    Approved: \_\_\_\_\_ Not App'd: \_\_\_\_\_ Date: \_\_\_\_\_ Code Official: \_\_\_\_\_  
 Codes Administrator:    Approved: \_\_\_\_\_ Not App'd: \_\_\_\_\_ Date: \_\_\_\_\_ Code Official: \_\_\_\_\_  
 Electric Plan Review:    Approved: \_\_\_\_\_ Not App'd: \_\_\_\_\_ Date: \_\_\_\_\_ Code Official: \_\_\_\_\_  
 Third Party Inspector:    Approved: \_\_\_\_\_ Not App'd: \_\_\_\_\_ Date: \_\_\_\_\_ Code Official: \_\_\_\_\_  
 Utilities Plan Review:    Approved: \_\_\_\_\_ Not App'd: \_\_\_\_\_ Date: \_\_\_\_\_ Code Official: \_\_\_\_\_  
 Zoning Plan Review:    Approved: \_\_\_\_\_ Not App'd: \_\_\_\_\_ Date: \_\_\_\_\_ Code Official: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Third Party Inspections Fees:</b>		<b>Township Fees</b>	
Plan Review:	\$	Building Application Fee:	\$
Building:	\$	Zoning Application:	\$
Other:	\$	PA State Fee:	\$4.50
Other:	\$	Other:	\$
Other:	\$	Other:	\$
<b>Total MDIA Fees:</b>	\$	<b>Total Twp Fees:</b>	\$

## **Demolition**

### **West Manheim Township Zoning Ordinance 07-2009 Article 7 Section 1.9 –**

Demolition of any structure must be completed within three (3) months of the issuance of a permit. Completion consists of tearing the structure down to grade, filling any resulting cavity to grade and removing all resulting materials from the lot. Wood, asphalt, shingles and similar building materials shall not be buried or used as fill at the demolition site, but must be disposed of at an approved solid waste disposal facility certified to dispose of such materials. A structure may be partly demolished if a building remains and the demolition of the part is completed as required in the previous sentence. All evidences of the structure which was demolished must be removed from the exterior surfaces of the remaining building.

Please call the township office 24 hours in advance to schedule inspections.

Office Phone Number: 717-632-0320

Open 8am – 5pm