

EAST LAMPETER TOWNSHIP

2250 Old Philadelphia Pike, Lancaster, PA 17602

Phone (717) 393-1567 • Fax (717) 393-4609

APPLICATION FOR DEMOLITION PERMIT

**PROPERTY
OWNER NAME** _____

Phone #: _____

Present Address: _____ City/State/Zip _____

SITE ADDRESS: _____ City/State/Zip _____

OWNER STATEMENT:

I/we, _____ [signatures] certify that I/we own the property described above for which this application is made for a UCC demolition permit and that the applicant has my/our approval to demolish this property or act as our agent in the demolition of this property.

**APPLICANT
PRINTED NAME** _____

Phone #: _____

Applicant Address: _____ City/State/Zip _____

**DEMOLITION
CONTRACTOR** _____

Phone #: _____

Contractor Address: _____ City/State/Zip _____

Cost of Demolition \$: _____ **Start Date:** _____ **Finish Date:** _____

**Demolition
Control Plans**

Plans for Removal of Debris: _____

Plans for Traffic and Pedestrian Control: _____

Plans for Securing Demolition Area: _____

Plans for Repairing or Rehabilitating Demolition Area: _____

**Utility
Notification**

Written release from utilities stating service connections and appurtenant equipment have been removed or sealed and plugged in a safe manner.

Gas: _____ Telephone: _____

Water: _____ Electric: _____

Sewer: _____ Other: _____

PA One Call: _____

<p>Site Plan Requirements</p>	<p>TWO (2) COPIES OF A SITE PLAN SHOWING THE PROPOSED DEMOLITION MUST ACCOMPANY THIS APPLICATION.</p> <p>Must detail:</p> <ul style="list-style-type: none"> • Size and location of all buildings or structures to be demolished, distances to property lines and distances to sidewalks, pavement and curbs where they abut property lines. • Size and location of any existing buildings or structures that will remain on the site. • Area to be filled to existing grade and seeded or to be fenced and otherwise protected in anticipation of new construction. • If applicable, location, dimensions and construction details for pedestrian protections required in section 3306 of the <i>International Building Code</i>. <p>Demolition Permit Fee: \$50</p>
<p>Drawing and Description of Buildings to be Demolished</p>	<p>Description: _____</p> <p>_____</p> <p>_____</p> <p>Drawing:</p>
<p>OFFICE USE ONLY</p>	<p>Permit number _____</p> <p>Date received: _____ Date approved: _____</p> <p>Permit Fee \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____</p> <p>Approved by:</p> <p>_____</p> <p style="text-align: center;">Issuing Officer</p>

EAST LAMPETER TOWNSHIP

Non-Residential & Multi-Family Residential Building Permit

Procedure for Applicants to Obtain a Building/Zoning Permit will be as follows:

1. The applicant for a Non-Residential or Multi-Family Building Permit or their selected agent will choose and contact one of the authorized Review and Inspection Agencies to contract for plan review and construction services. Once an Inspection Agency has been selected and a plan review is performed for a Building Permit, the Agency will perform all inspections associated with the permit. If the development has a name, the name must appear on the Building Permit Application.
2. The applicant or selected agent will complete the East Lampeter Township Application for Non-Residential and Multi-Family Zoning Permit and the UCC Application for Building Permit provided by East Lampeter Township. The completed applications, construction plans, and any other required documents and specifications for plan review will be submitted to the selected Agency. East Lampeter Township requires three (3) complete sets of approved plans and related documents for processing of the permit.
3. Upon completion of the plan review process, the following list of documents following shall be submitted to the Building Code Officer (BCO) at East Lampeter Township for the final processing of the Zoning/Building Permit and issuance of the Permit to the applicant: three (3) complete sets of plans along with any accompanying documents and specifications, the completed East Lampeter Township Application for Non-Residential and Multi-Family Zoning Permit, the UCC Application for Building Permit, complete list of required inspections including the Inspector's name and phone number, and the Certificate of Workers Compensation with East Lampeter Township listed as a certificate holder. No inspections shall be performed until the Township has released the Building/Zoning Permit without prior approval of the BCO.
4. All plan review and inspection fees are to be set and collected by the Inspection Agency. When the application for a permit is submitted to the Township, East Lampeter Township will collect its own zoning, code administration, and L&I Educational fees separately. The Township will not collect or pay out fees for plan reviews and inspections. No fees to the Township are required with the application.
5. Initially, only a Footer & Foundation Deferred Permit will be issued for projects involving new building construction or building addition. A Full Building Permit will be issued only after receipt of a certification from a Professional Land Surveyor registered with the Commonwealth of Pennsylvania stating the following: Footer and Foundation of the building are within approved building envelope and is clear of any utility, storm water management, or sanitary sewer easements; elevations of the footer, foundation and first floor elevation are within the parameters of the approved Storm Water Manager Plan; the Footer, foundation and first floor elevations are located in compliance with the approved Land Development Plan for the project; the Proposed building is a the location shown on the approved Final Plan for the project; the Storm Water Management berm, outlet structure, and emergency spillway have been constructed per approved Storm Water Management Plan, all subject to review, verification, and approval by appropriate Township staff.
6. The Certificate of Use and Occupancy will be issued by East Lampeter Township. The BCO must be notified prior to final inspection of a project to coordinate such final inspection. The BCO must inspect the project prior to issuing a Certificate of Occupancy. A Certificate of Use & Occupancy will be issued by East Lampeter Township upon successful inspection and after receiving a list of completed inspections signed by the performing inspector.

EAST LAMPETER TOWNSHIP

NON-RESIDENTIAL & MULTI-FAMILY THIRD PARTY INSPECTIONS

Associated Building Inspections, LLC (ABI)

1647 N. Reading Road
Stevens, PA 17578
717-733-1654
Permits@weknowcodes.com

Code Administrators, Inc.

1525 Oregon Pike, Suite 901
Lancaster, PA 17602
717-859-3350
staff@codeadministrators.com

Technicon Enterprises, Inc. II

200 Bethlehem Drive
Morgantown, PA 19543
610-286-1622
EFuhrmann@tecnicon2.com

Building Inspection Underwriters of Pa, Inc. (BIU)

590 Centerville Road
P.O. Box 354
Lancaster, PA 17601
717-572-0280

EAST LAMPETER TOWNSHIP

2250 Old Philadelphia Pike, Lancaster, PA 17602

Phone: (717) 393-1567/Fax: (717) 393-4609

APPLICATION FOR NON-RESIDENTIAL & MULTI-FAMILY ZONING PERMIT

APPLICANT NAME: _____ Phone # _____

Applicant Address: _____ City/State/Zip _____

Applicant Signature: _____ Date _____

Email (Required) _____ **DATE OF ESTIMATED PROJECT COMPLETION** _____

OWNER NAME: _____ Phone # _____

Present Address: _____ City/State/Zip _____

SITE ADDRESS: _____ City/State/Zip _____

CONTRACTOR: _____ Phone # _____

Contractor Address: _____ City/State/Zip _____

TENANT _____ Phone # _____

Tenant Address _____ City/State/Zip _____

ARCHITECT or ENGINEER _____ Phone # _____

Address _____ City/State/Zip _____

A) TYPE OF USE: NON-RESIDENTIAL

B) TYPE OF IMPROVEMENT: (Circle one)

- | | | | |
|-----------------|--------------|----------------|------------------|
| 1) New Building | 2) Addition | 3) Alteration | 4) Electric Only |
| 5) Plumbing | 6) HVAC Only | 7) Other _____ | |

Description of work _____

C) Is any part of this lot located within a Flood-prone area? (Circle one) Yes or No

ESTIMATED COST OF CONSTRUCTION: \$ _____ **PROPERTY OWNER SIGNATURE (Required)** _____

The above applicant hereby makes application for a Non-Residential & Multi-Family Zoning Permit under all applicable ordinances of East Lampeter Township, and hereby certifies, under the penalties of perjury, that all facts set forth herein are true and correct and the actual work will be performed in accordance with the above.

FOR ZONING OFFICER USE ONLY

Permit # _____ Zoning District _____ Permit Fee: _____ Paid

Date Application Received: _____ Date of Action: _____ Permit Granted / Permit Denied

Date Application Refilled: _____ Date of Action: _____ Permit Granted / Permit Denied

Code fees _____ Zoning fees _____ L&I _____ Admin. _____ D/W _____ Well _____ Sewer _____ Total _____

File #: _____
 Permit #: _____
 Date: _____

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Uniform Construction Code (UCC)
APPLICATION FOR BUILDING PERMIT

Application Type

- | | |
|---|--|
| <input type="checkbox"/> Accelerated Approval | <input type="checkbox"/> Accessibility Review under §403.141(b) of UCC |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration or Renovation |
| <input type="checkbox"/> New Building | <input type="checkbox"/> New Structure/Facility <input type="checkbox"/> Revision of App. Plan |

Use/Occupancy Classification

(Please check all that apply)

- | | | | | | | |
|---|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> A-1 | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4 | <input type="checkbox"/> A-5 | <input type="checkbox"/> B | <input type="checkbox"/> E |
| <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 | <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 | <input type="checkbox"/> H-4 | <input type="checkbox"/> H-5 |
| <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 | <input type="checkbox"/> M | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 |
| <input type="checkbox"/> R-3 Adult Care | <input type="checkbox"/> R-3 Child Care | <input type="checkbox"/> R-3 | <input type="checkbox"/> R-4 | <input type="checkbox"/> R-4 | <input type="checkbox"/> S-1 | <input type="checkbox"/> S-1 |
| <input type="checkbox"/> S-2 | <input type="checkbox"/> U | | | | | |

Owner Information

Owner Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Phone Number (____) _____ - _____

Site Information
 (Political Subdivision & County names are required.)

Project Name _____
 Street Name and # _____
 City _____ State _____ Zip Code _____
 Political Subdivision _____ County _____

Lot Number _____ Block Number _____

Does municipality have a zoning ordinance? Yes No
 If "yes," has zoning permit been obtained? Yes No Date _____

Minimum setbacks required by zoning ordinance (ft):

Front _____ Rear _____ Right Side _____ Left Side _____

Is project in flood hazard area? Yes No If "yes," attach one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.

Project Data

Provide a description of existing and or proposed use(s), with sufficient detail for determination of appropriate classification of occupancy type(s):

FOR
L&I USE
ONLY

Check Number: _____ Amount: _____ Bates Number: _____

File #: _____
 Permit #: _____
 Date: _____

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**Project Data
(continued)**

Sq. ft. of conditioned space _____
 Sq. ft. of unconditioned space _____
 Number of stories above grade _____
 Does it have a basement? Yes No
 Total floor area (sq. ft.) _____
 Floor area **new** construction (sq. ft.) _____
 Floor area of **addition** (sq. ft.) _____
 Floor area **renovated** (sq. ft.) _____
 # of multi-family dwelling units _____
 # of accessible dwelling units _____
 Type(s) of construction per Chapter 6 of the *International Building Code* (check all that apply):
 IA IB IIA IIB IIIA IIIB IV VA VB
 Fire suppression: Full Partial None
 If work involves existing building, list code requirements it will comply with:
 International Existing Building Code Chapter 34 of *International Building Code*
 If existing building, list all prior occupancy permits issued:
 PA Fire and Panic issued on (date) _____
 Municipal permit issued by _____ on (date) _____
 using (code) _____
 UCC permit issued by _____ on (date) _____

 Is this permit for a medical care facility regulated by the Health Care Facilities Act?
 Yes No If "yes," please attach copy of plan approval issued by the PA Department of Health.
 Electricity provider: _____
 Gas provider: _____

**Design
Professional
In Responsible
Charge**
 (Affix seal to the
right of name and
address)

Name: _____
 Address: _____

 PA License #: _____
 E-Mail: _____
 Phone: _____
 Fax: _____

**Special
Inspection and
Structural
Observation
Program**

Sections 1704 and 1709 of the *International Building Code* require special inspections and structural observations, in certain circumstances.
 Please check which (if any) apply to this construction:
 section 1704 Special Inspections section 1709 Structural Observations
 If either box is checked, submit copy of the "Special Inspections & Observations Statement".

**Alternative
Construction
Method/Material**

Will an alternative construction method or material be used on this project? Yes No
 If "Yes," applicant or design professional must submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code §403.44.

Workers Compensation Insurance Coverage Information

(Attach to Zoning and/or Building Permit Applications)

(If work is being done by homeowner you are exempt from this form)

A. THE APPLICANT IS: (THIS INCLUDES ALL SUBCONTRACTORS)

A contractor within the meaning of the Pennsylvania Workers Compensation Law

Yes No

If the answer is "YES" complete Section (B), If "NO" complete Section (C).

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: _____

C. EXEMPTION:

Complete Section C if the applicant is a contractor claiming exemption from providing workers compensation insurance. (MUST GET NOTARIZED).

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 _____

File #:	_____
Permit #:	_____
Date:	_____
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Applicant's Certification:

As the owner or the authorized agent of the project for which this application is filed, I certify that:

1. The description of use, estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from the Department of Labor and Industry.
3. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
4. Any changes to the approved documents will be filed with the Department of Labor & Industry.
5. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Department of Labor and Industry.
6. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.
7. If signed by someone other than the construction owner, this work has been authorized by the owner of record and I have been authorized by the owner to complete this application on his behalf. I will be acting on behalf of the owner as:

___ ARCHITECT ___ ENGINEER ___ CONTRACTOR ___ AGENT/OTHER: _____

APPLICANT MUST COMPLETE ONE OF THE SECTIONS BELOW:

Applicant, if other than owner:

Applicant, if owner:

Name (typed or printed)

Phone Number

Mailing Address:

Signature

Date

Name (typed or printed)

Phone Number

Mailing Address:

Signature

Date

Ordinance NO. 275 of 2008

AN ORDINANCE PROVIDING FOR THE INSTALLATION OF LISTED RAPID ENTRY KEY BOXES, HAZARDOUS MATERIALS CABINETS, KEY SWITCHES, SECURITY PADLOCKS, AND FIRE SPRINKLER SECURITY CONNECTION CAPS FOR USE BY THE FIRE DEPARTMENT TO GAIN ACCESS TO A STRUCTURE

Background:

Many buildings, particularly buildings other than one and two-family dwellings, are equipped with automatic alarm systems and/or sprinkler standpipe system. Such automatic systems may cause the fire companies of East Lampeter Township or neighboring townships to be summoned at a time when the building is not occupied or when the occupant of the building is not available to provide entry for the Fire Department. The Township wishes to prevent damage from forceful entry to such structures and to provide swift entry into such structures by the Fire Department. The standard model fire code provides that any Fire Department may require certain occupancies to maintain a rapid access or rapid entry system as prescribed by the Fire Department. The East Lampeter Township Board of Supervisors finds the need to establish such a rapid entry system for the township and for any areas covered by the Hand-in-Hand, Lafayette, Ronks, Witmer, Paradise-Leaman Place, Eden, Lampeter, and Gordonville Fire Companies.

NOW THEREFORE, be it enacted and ordained as follows:

Section 1. Definitions

FIRE OFFICIAL: The Fire Chief or his designee

FIRE DISTRICT: The normal fire protection district located within East Lampeter Township covered by Hand-in-Hand, Lafayette, Ronks, Witmer, Paradise-Leaman Place, Eden, Lampeter or Gordonville Fire Companies.

RESPONSIBLE PARTY: The person or persons charged with the responsibility for the occupancy of a building or the owner of a business which is the occupant of such building.

KEY BOX: A UL Listed box, size and style, approved by the Fire Official that meets the requirements and uses the same security key code adopted by the Fire Department.

KEY SWITCH: A switch that allows a person with a key (but no one else) to override an electronic system. A key switch can also control the emergency power shutoff system allowing for access by the Fire Department.

SECURITY PADLOCK: A padlock approved by the Fire Official that utilizes the approved key code utilized by the Fire Department.

SECURITY CAP: A Fire Department Connection (FDC) Plug and Cap approved for use in East Lampeter Township by the Fire Official.

Section 2. Application of Ordinance:

A) MANDATORY KEY BOXES FOR FIRE SUPPRESSION AND STANDPIPE SYSTEMS

When a building within the Fire District is protected by an automatic fire suppression and/or standpipe system, it shall be equipped with a Key Box, installed at a location approved by the Fire Official.

B) MANDATORY KEY BOXES FOR AUTOMATIC ALARM SYSTEMS

When a building is protected by an automatic alarm system and/or access to or within a building, or an area within that building, is unduly difficult because of secured openings, and where immediate access is necessary for life saving or firefighting purposes, it shall be equipped with a Key Box, to be installed at a location approved by the Fire Official.

C) MANDATORY KEY BOXES FOR MONITORED ALARM SYSTEMS, SPRINKLER SYSTEMS, OR AUDIBLE ON SITE ALARMS

When an existing building is protected by a monitored alarm system, a sprinkler system, and/or an audible on site alarm, it shall be equipped with a Key Box, to be installed a location approved by the Fire Official within six (6) months of being notified by the Township of the requirements of the Ordinance.

- D) KEY BOX STANDARD
The Key Box shall be a Knox-Box as approved and agreed upon by the Fire Official and the building owner.
- E) MANDATORY STORAGE CABINET
In buildings storing or dispensing Hazardous Materials, a Hazardous Materials Cabinet may be required to store Material Safety Data Sheets and other information as required by the Fire Official.
- F) AUTOMATIC GATES
When a property is accessed through a gate or cross arm that impedes ingress through required Fire Lanes by means of a key or swipe card, it shall be equipped with a Key Switch to be installed at a location approved by the Fire Official.
- G) SECURITY PADLOCK
When requested by the Fire Official, a property that is protected by a locked fence or gate and where immediate access to the property is necessary for life saving and firefighting purposes, it shall be equipped with a Security Padlock to be installed at a location approved by the Fire Official. It shall then be the responsibility of the Responsible Party to see that the fence or gate is secured properly so that the Security Padlock is accessible.
- H) CONSTRUCTION SITES
When requested by the Fire Official, a construction site that is to be secured by a locked fence or gate, such site shall be subject to the same requirements as properties protected by Security Padlocks during the duration of construction or until the fence or gate is removed. The Security Padlock will be obtained by placing a security deposit with the first due covering fire company in an amount set to cover replacement of Security Padlock should it be lost or damaged. Once the deposit has been made, a Fire Official will come to the construction site and explain the use of the Security Padlock. It shall then be the responsibility of the construction company to see that the fence or gate is secured properly so that the Security Padlock is accessible.
- I) SECURITY OF FIRE DEPARTMENT CONNECTIONS
When a building is protected by an automatic sprinkler and/or standpipe system and the fire department connection is exposed to vandalism, the Fire Official may require that a Security Cap be installed.
- J) NON-APPLICABILITY TO ONE AND TWO-FAMILY DWELLINGS
The requirements of this ordinance are not applicable to one and two-family dwellings. However, the occupants of one and two-family dwellings are encouraged to participate voluntarily by using a Residential Security Box.
- K) KEY BOX SPECIFICATIONS
The Key Boxes shall be located and shall contain, but not be limited to the following items as designated by the Fire Official.
- a. Labeled Keys or Key Cards to locked points of egress, whether in interior or exterior of such buildings.
 - b. Labeled Keys or Key Cards that are current.
 - c. Labeled Keys or Key Cards to the locked mechanical rooms.
 - d. Labeled Keys or Key Cards to any fence or secured areas not covered by the provisions for Automatic Gates, Security Padlocks, and Construction Sites (see Section 2 E, F, and G above).
 - e. Labeled Keys or Key Cards to any other areas that may be required by the Fire Official.
 - f. A card containing the emergency contact people and phone numbers for each occupancy.
 - g. Floor plans of the rooms within the building may also be required, showing locations of shut offs.
 - h. The Material Safety Data Sheets for all Hazardous Materials, as required.
 - i. The key box shall be installed at a location agreed upon by the Fire Official.
 - j. The key box may have an optional tamper switch, wired on a separate zone, that will activate a trouble alarm if anyone tampers with the box.

- k. The installation of the key box shall be made in accordance with the manufacturer's recommendation in addition to the approval of the Fire Official.

- L) ALERT DECALS
Alert Decals, approved by the Fire Official, to alert fire companies of the presence of security features covered by this ordinance, will be displayed on any outside doors or windows as designated by the Fire Official.

- M) SHARING OF KEYS
Township based fire companies Hand-in-Hand, Lafayette, Ronks, Witmer, Paradise-Leaman Place, Eden, Lampeter, and Gordonville Fire Companies are allowed to share the Key Box keys for their service area with other Township based fire companies.

- N) RETURN OF KEYS CURRENTLY BEING HELD
After four (4) months following passage of this ordinance, all keys currently in possession of the Fire Department will be returned to the Responsible Party.

- O) BUILDING PERMITS
Compliance with this ordinance shall be a condition precedent to obtaining a building permit for all buildings for which building permits have not been received as of the effective date of this ordinance and for receiving Certificates of Occupancy for all buildings for which Certificates of Occupancy have not been received before the effective date of this ordinance. The requirements of this ordinance, other than these requirements concerning building permits and certificates of occupancy, shall be applicable for all other buildings for which occupancy permits have been received prior to the effective date of this ordinance.

- P) VIOLATIONS
Every violation of this ordinance shall constitute a summary offense which may be enforced by action brought before a District Justice under the Pennsylvania Rules of Criminal Procedure. Conviction of violation shall include a criminal fine not to exceed One Thousand and 00/100 (\$1,000.00) Dollars per violation. Each day that a violation exists or is permitted to continue to exist shall constitute a separate offense. In addition to summary criminal enforcement, the provisions of this ordinance may be enforced by the Township through an action in equity brought in the Court of Common Pleas of Lancaster County. All fines and penalties collected for the violation of the ordinance shall be paid to the Township Treasurer.

Section 3. Provisions Severable:

The provisions of this ordinance are severable. If any portion of this ordinance is deemed by a court of competent jurisdiction to be invalid or unenforceable, it is the stated intent of the Board of Supervisors that the remaining provisions would have been adopted.

Section 4. Effect of this Ordinance on Other Ordinances:

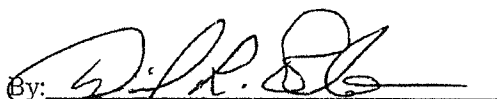
This ordinance is to be read as complementary with and not in substitution of or as a modification of other Township ordinances addressing fire safety requirements and is further intended to be read as consistent with and complementary with the requirements of the Uniform Construction Code as implemented by East Lampeter Township.

Section 5. Effective Date of Ordinance:

This ordinance shall become effective five (5) days after the date of its enactment.

Duly ordained and enacted by the Supervisors of the Township of East Lampeter, Lancaster County, Pennsylvania, this 7th day of September, 2008.

BOARD OF SUPERVISORS OF
EAST LAMPETER TOWNSHIP

By: 
(Vice) Chairman

Special Inspections and Observation Statement

This statement must accompany permit applications for all construction for which special inspections and observations are required in Chapter 17 of the <i>International Building Code (IBC)</i> .	
Project Name:	
Project Address:	
Owner:	Telephone:
e-mail:	

This is to certify that all the inspections and observations that I have checked on pages 2-3 **and** on page 4 of this statement are required for the project named above and will be performed by the designated individuals or firms. By signing this statement, I also acknowledge that:

- These inspections and observations must be performed by competent individuals in accordance with the requirements of the *IBC* Chapter 17 (as applicable) and that the construction work must comply with the department-approved plans and specifications and all applicable provisions of the Uniform Construction Code;
- Records of all required special inspections and testing observations (including any discrepancies and methods of correction of these discrepancies) will be retained and made available to department representatives, upon request; and,
- The Final Report section of this statement must be signed by me and a copy of this statement submitted to the department inspector at the time that the final inspection is performed and before a certificate of occupancy is issued.

Name of Design Professional in Responsible Charge

Signature of Design Professional in Responsible Charge

PA License Number

Date signed (Month/Day/Year)

CHECK EACH THAT APPLIES	TYPE OF SPECIAL INSPECTION OR OBSERVATION	NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION	CREDENTIALS Enter acronym from page 4. If "Other," please specify special training or basis for competency to perform work.
<input type="checkbox"/>	Inspection of Fabricators		
<input type="checkbox"/>	Inspection of Steel Construction		
<input type="checkbox"/>	Inspection of Concrete Construction		
<input type="checkbox"/>	Inspection of Masonry Construction		
<input type="checkbox"/>	Inspection of Wood Construction		
<input type="checkbox"/>	Inspection of Soil Conditions		
<input type="checkbox"/>	Inspection of Pile Foundations		

CHECK EACH THAT APPLIES	TYPE OF SPECIAL INSPECTION OR OBSERVATION	NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION	CREDENTIALS Enter acronym from page 4. If "Other," please specify special training or basis for competency to perform work.
<input type="checkbox"/>	Inspection of Pier Foundations		
<input type="checkbox"/>	Inspection of Wood Panels and Veneers		
<input type="checkbox"/>	Inspection of Sprayed Fire-Resistant Materials		
<input type="checkbox"/>	Inspection of Smoke Control		
<input type="checkbox"/>	Inspection of Exterior Insulation & Finish System (EIFS)		
<input type="checkbox"/>	Structural Observations		
<input type="checkbox"/>	Inspection of Mastic and Intumescent Fire-Resistant Coatings		

Final Report:

Note:

This page to be filled out and submitted to the building code official at the completion of the project before the Certificate of Use and Occupancy is issued.

Required Special Inspections or Observations:

- | | |
|--|---|
| <input type="checkbox"/> Inspection of Fabricators | <input type="checkbox"/> Inspection of Pile Foundations |
| <input type="checkbox"/> Inspection of Steel Construction | <input type="checkbox"/> Inspection of Pier Foundations |
| <input type="checkbox"/> Inspection of Concrete Construction | <input type="checkbox"/> Inspection of Wood Panels and Veneers |
| <input type="checkbox"/> Inspection of Masonry Construction | <input type="checkbox"/> Inspection of Sprayed Fire-Resistant Materials |
| <input type="checkbox"/> Inspection of Wood Construction | <input type="checkbox"/> Inspection of Smoke Controls |
| <input type="checkbox"/> Inspection of Soil Conditions | <input type="checkbox"/> Inspection of Exterior Insulation & Finish System (EIFS) |
| <input type="checkbox"/> Structural Observations | <input type="checkbox"/> Inspection of Mastic and Intumescent Fire-Resistant Coatings |

I certify that I have reviewed the report on each of the inspections or observations check above. These reports indicate that the covered work is in compliance with the department-approved plans and specifications and all applicable provisions of the Uniform Construction Code.



Signature of Design Professional in Responsible Charge

Date Signed (Month/Day/Year)

KEY for use in CREDENTIALS column (on pages 2 and 3)

ACI	American Concrete Institute Certified Concrete Field Testing Technician
AWS	American Welding Society Certified Welding Inspector
ASNT	American Society of Non-Destructive Testing
AWCI	Association of Wall and Ceiling Industries
MCA	Model code agency (ICC, BOCA, SBCCI, ICBO) special inspection certification
PA	Professional Architect (currently licensed)
PE	Professional Engineer (currently licensed)
OTHER	Specialized training coursework or other basis for competency deemed acceptable

TABLE 1704.3
REQUIRED VERIFICATION AND INSPECTION OF STEEL CONSTRUCTION

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION	CONTINUOUS	PERIODIC	REFERENCED STANDARD
	1. Material verification of high-strength bolts, nuts, and washers:			
<input type="checkbox"/>	a. Identification markings to conform to ASTM standards specified in the approved construction documents.	—	X	AISC 360 Section A3.3 and applicable ASTM material standards
<input type="checkbox"/>	b. Manufacturer's certificate of compliance required.	—	X	—
	2. Inspection of high-strength bolting:			
<input type="checkbox"/>	a. Snug-tight joints.		X	AISC 360 Section M2.5
<input type="checkbox"/>	b. Pretensioned and slip-critical joints using turn-of-nut with matchmarking, twist-off bolt or direct tension indicator methods of installation.	—	X	
<input type="checkbox"/>	c. Pretensioned and slip-critical joints using turn-of-nut without matchmarking or calibrated wrench methods of installation.	X	—	
	3. Material verification of structural steel and cold-formed steel deck.			
<input type="checkbox"/>	a. For structural steel, identification markings to conform to AISC 360.	—	X	AISC 360 Section M2.5
<input type="checkbox"/>	b. For other steel, identification markings to conform to ASTM standards specified in the approved construction documents.	—	X	Applicable ASTM material standards
<input type="checkbox"/>	c. Manufacturer's certified test reports.	—	X	
	4. Material verification of weld filler materials.			
<input type="checkbox"/>	a. Identification markings to conform to AWS specification in the approved construction documents.	—	X	AISC 360 Section A3.5 and applicable AWS A5 documents
<input type="checkbox"/>	b. Manufacturer's certificate of compliance required.	—	X	—

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION	CONTINUOUS	PERIODIC	REFERENCED STANDARD
	5. Inspection of welding:			
	a. Structural steel and cold-formed steel deck:			
<input type="checkbox"/>	1) Complete and partial joint penetration groove welds.	X	—	AWS D1.1
<input type="checkbox"/>	2) Multipass fillet welds.	X	—	
<input type="checkbox"/>	3) Single-pass fillet welds > 5/16"	X	—	
<input type="checkbox"/>	4) Plug and slot welds.	X	—	
<input type="checkbox"/>	5) Single-pass fillet welds ≤ 5/16"	—	X	
<input type="checkbox"/>	6) Floor and roof deck welds.	—	X	AWS D1.3
	b. Reinforcing steel:			
<input type="checkbox"/>	1) Verification of weldability of reinforcing steel other than ASTM A 706.	—	X	AWS D1.4 ACI 318: Section 3.5.2
<input type="checkbox"/>	2) Reinforcing steel resisting flexural and axial forces in intermediate and special moment frames, and boundary elements of special structural walls of concrete and shear reinforcement.	X	—	
<input type="checkbox"/>	3) Shear reinforcement.	X	—	
<input type="checkbox"/>	4) Other reinforcing steel.	—	X	
	6. Inspection of steel frame joint details for compliance.			
<input type="checkbox"/>	a. Details such as bracing and stiffening.	—	X	—
<input type="checkbox"/>	b. Member locations.	—	X	
<input type="checkbox"/>	c. Application of joint details at each connection.	—	X	

For SI: 1 inch – 25.4 mm.

- a. Where applicable, see also Section 1707.1. Special inspection for seismic resistance.

TABLE 1704.4
REQUIRED VERIFICATION AND INSPECTION OF CONCRETE CONSTRUCTION

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION	CONTINUOUS	PERIODIC	REFERENCED STANDARD	IBC REFERENCE
<input type="checkbox"/>	1. Inspection of reinforcing steel, including prestressing tendons, and placement.	—	X	ACI 318: 3.5, 7.1-7.7	1913.4
<input type="checkbox"/>	2. Inspection of reinforcing steel welding in accordance with Table 1704.3, Item 5b.	—	—	AWS D1.4 ACI 318: 3.5.2	—
<input type="checkbox"/>	3. Inspection of bolts to be installed in concrete prior to and during placement of concrete where allowable loads have been increased or where strength design is used.	X	—	ACI 318: 8.1.3, 21.2.8	1911.5, 1912.1
<input type="checkbox"/>	4. Inspection of anchors installed in hardened concrete.	—	X	ACI 318: 3.8.6, 8.1.3, 21.2.8	1912.1
<input type="checkbox"/>	5. Verifying use of required design mix.	—	X	ACI 318: Ch. 4, 5.2-5.4	1904.2.2, 1913.2, 1913.3
<input type="checkbox"/>	6. At the time fresh concrete is sampled to fabricate specimens for strength tests, perform slump and air content tests, and determine the temperature of the concrete.	X	—	ASTM C 172 ASTM C 31 ACI 318: 5.6, 5.8	1913.10
<input type="checkbox"/>	7. Inspection of concrete and shotcrete placement for proper application techniques.	X	—	ACI 318: 5.9, 5.10	1913.6, 1913.7, 1913.8
<input type="checkbox"/>	8. Inspection for maintenance of specified curing temperature and techniques	—	—	ACI 318: 5.11-5.13	1913.9
<input type="checkbox"/>	9. Inspection of prestressed concrete: a. Application of prestressing forces. b. Grouting of bonded prestressing tendons in the seismic-force-resisting system.	X	—	ACI 318: 18.20 ACI 318: 18.18.4	—
<input type="checkbox"/>	10. Erection of precast concrete members.	—	X	ACI 318: Ch. 16	—
<input type="checkbox"/>	11. Verification of in-situ concrete strength prior to stressing of tendons in posttensioned concrete and prior to removal of shores and forms from beams and structural slabs.	—	X	ACI 318: 6.2	—
<input type="checkbox"/>	12. Inspect formwork for shape, location and dimensions of the concrete member being formed.	—	X	ACI 318: 6.1.1	—

For SI: 1 inch = 25.4 mm

a. Where applicable, see also Section 1707.1, Special inspection for seismic resistance

TABLE 1704.5.1
LEVEL 1 REQUIRED VERIFICATION AND INSPECTION OF MASONRY CONSTRUCTION

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION	FREQUENCY OF INSPECTION		REFERENCE FOR CRITERIA		
		CONTINUOUS	PERIODIC	IBC SECTION	TMS 402/ACI 530/ASCE 5 ^a	TMS 602/ACI 530.1/ASCE 6 ^a
<input type="checkbox"/>	13. Compliance with required inspection provisions of the construction documents and the approved submittals shall be verified.	—	X	—	—	Art. 1.5
<input type="checkbox"/>	14. Verification of f'_m and f'_{AAC} prior to construction except where specifically exempted by this code.	—	X	—	—	Art 1.4B
<input type="checkbox"/>	15. Verification of slump flow and VSI as delivered to the site for self-consolidating grout.	X	—	—	—	Art. 1.5B.1.b.3
	16. As masonry construction begins, the following shall be verified to ensure compliance.					
<input type="checkbox"/>	a. Proportions of site-prepared mortar.	—	X	—	—	Art. 2.6A
<input type="checkbox"/>	b. Construction of mortar joints	—	X	—	—	Art 3.3B
<input type="checkbox"/>	c. Location of reinforcement, connectors, prestressing tendons and anchorages.	—	X	—	—	Art. 3.4, 3.6A
<input type="checkbox"/>	d. Prestressing technique.	—	X	—	—	Art. 3.6B
<input type="checkbox"/>	e. Grade and size of prestressing tendons and anchorages.	—	X	—	—	Art. 2.4B, 2.4H
	17. During construction the inspection program shall verify:					
<input type="checkbox"/>	a. Size and location of structural elements.	—	X	—	—	Art. 3.3F
<input type="checkbox"/>	b. Type, size, and location of anchors, including other details of anchorage of masonry to structural members, frames or other construction.	—	X	—	Sec. 1.2.2(e), 1.16.1	—
<input type="checkbox"/>	c. Specified size, grade, and type of reinforcement, anchor bolts, prestressing tendons, and anchorages.	—	X	—	Sec. 1.15	—
<input type="checkbox"/>	d. Welding of reinforcing bars.	X	—	—	Sec. 2.1.9.7.2, 3.3.3.4(b)	—

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION	FREQUENCY OF INSPECTION		REFERENCE FOR CRITERIA		
<input type="checkbox"/>	e. Preparation, construction, and protection of masonry during cold weather (temperature below 40°F) or hot weather (temperature above 90°F).	—	X	Sec. 2104.3, 2104.4	—	
<input type="checkbox"/>	f. Application and measurement of prestressing force.	X	—	—	—	Art. 3.6B
	18. Prior to grouting, the following shall be verified to ensure compliance:					
<input type="checkbox"/>	a. Grout space is clean.	—	X	—	—	Art. 3.2D
<input type="checkbox"/>	b. Placement of reinforcement and connectors, and prestressing tendons and anchorages.	—	X	—	Sec. 1.13	Art. 3.4
<input type="checkbox"/>	c. Proportions of site-prepared grout and prestressing grout for bonded tendons.	—	X	—	—	Art. 2.6B
<input type="checkbox"/>	d. Construction of mortar joints.	—	X	—	—	Art. 3.3B
	19. Grout placement shall be verified to ensure compliance:	X	—	—	—	Art. 3.5
<input type="checkbox"/>	a. Grouting of prestressing bonded tendons.	X	—	—	—	Art. 3.6C
<input type="checkbox"/>	20. Preparation of any required grout specimens, mortar specimens and/or prisms shall be observed.	—	X	Sec. 2105.2.2, 2105.3	—	Art. 1.4

For SI: °C = [(°F) – 32]/1.8.

a. The specific standards reference are those listed in Chapter 35.

TABLE 1704.5.3

LEVEL 2 REQUIRED VERIFICATION AND INSPECTION OF MASONRY CONSTRUCTION

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION	FREQUENCY OF INSPECTION		REFERENCE FOR CRITERIA		
		CONTINUOUS	PERIODIC	IBC SECTION	TMS 402/ACI 530/ASCE 5 ^a	TMS 602/ACI 530.1/ASCE 6 ^a
<input type="checkbox"/>	21. Compliance with required inspection provisions of the construction documents and the approved submittals shall be verified.	—	X	—	—	Art. 1.5
<input type="checkbox"/>	22. Verification of f'_m and f'_{AAC} prior to construction and for every 5,000 square feet during construction.	—	X	—	—	Art 1.4B
<input type="checkbox"/>	23. Verification of proportions of materials in premixed or preblended mortar and grout as delivered to the site.	—	X	—	—	Art. 1.5B
<input type="checkbox"/>	24. Verification of slump flow and VSI as delivered to the site for self-consolidating grout.	X	—	—	—	Art. 1.5B.1.b.3
	25. The following shall be verified to ensure compliance:					
<input type="checkbox"/>	f. Proportions of site-prepared mortar, grout, and prestressing grout for bonded tendons.	—	X	—	—	Art. 2.6A
<input type="checkbox"/>	g. Placement of masonry units and construction of mortar joints.	—	X	—	—	Art 3.3B
<input type="checkbox"/>	h. Placement of reinforcement, connectors, and prestressing tendons and anchorages.	—	X	—	Sec. 1.15	Art. 3.4, 3.6A
<input type="checkbox"/>	i. Grout space prior to grout.	X	—	—	—	Art. 3.2D
<input type="checkbox"/>	j. Placement of grout.	X	—	—	—	Art. 3.5
<input type="checkbox"/>	k. Placement of prestressing grout.	X	—	—	—	Art. 3.6C
<input type="checkbox"/>	l. Size and location of structural elements.	—	X	—	—	Art. 3.3F
<input type="checkbox"/>	m. Type, size, and location of anchors, including other details of anchorage of masonry to structural members, frames, or other construction.	X	—	—	Sec. 1.2.2(e), 1.16.1	—
<input type="checkbox"/>	n. Specified size, grade, and type of reinforcement, anchor bolts, prestressing tendons, and anchorages.	—	X	—	Sec. 1.15	Art. 2.4, 3.4

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION	FREQUENCY OF INSPECTION		REFERENCE FOR CRITERIA		
<input type="checkbox"/>	o. Welding of reinforcing bars.	X	—	—	Sec. 2.1.9.7.2, 3.3.3.4(b)	—
<input type="checkbox"/>	p. Preparation, construction, and protection of masonry during cold weather (temperature below 40°F) or hot weather (temperature below 90°F).	—	X	Sec. 2104.3, 2104.4	—	Art. 18.C, 1.8D
<input type="checkbox"/>	q. Application and measurement of prestressing force.	X	—	—	—	Art. 3.6B
<input type="checkbox"/>	26. Preparation of any required grout specimens and/or prisms shall be observed.	X	—	Sec. 105.2.2, 2105.3	—	Art. 1.4

For SI: °C = [(°F) – 32]/1.8, 1 square foot = 0.0929 m².

a. The specific standards referenced are those listed in Chapter 35.

TABLE 1704.7
REQUIRED VERIFICATION AND INSPECTION OF SOILS

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION TASK	CONTINUOUS DURING TASK LISTED	PERIODICALLY DURING TASK LISTED
<input type="checkbox"/>	1. Verify materials below shallow foundations are adequate to achieve the design bearing capacity.	—	X
<input type="checkbox"/>	2. Verify excavations are extended to proper depth and have reached proper material.	—	X
<input type="checkbox"/>	3. Perform classification and testing of compacted fill materials.	—	X
<input type="checkbox"/>	4. Verify use of proper materials, densities and lift thicknesses during placement and compaction of compacted fill.	X	—
<input type="checkbox"/>	5. Prior to placement of compacted fill, observe subgrade and verify that site has been prepared properly.	—	X

Don't Let Storm Water Run Off With Your Time and Money!

What the Construction Industry Should Know About Storm Water In Our Community

The construction industry plays an important role in improving our community's quality of life by not only providing new development, but also protecting our streams and rivers through smart business practices that prevent pollution from leaving construction sites.

Storm water runoff leaving construction sites can carry pollutants such as dirt, construction debris, oil, and paint off-site and into storm drains. In our community, storm drains carry storm water runoff directly to local creeks, streams, and rivers with no treatment. Developers, contractors, and homebuilders can help to prevent storm water pollution by taking the following steps:

1. Comply with storm water permit requirements.
2. Practice erosion control and pollution prevention practices to keep construction sites "clean."
3. Conduct advanced planning and training to ensure proper implementation on-site.

The remainder of this fact sheet addresses these three steps.

Storm Water Permit Requirements for Construction Activity

Planning and permitting requirements exist for construction activities. These requirements are intended to minimize storm water pollutants leaving construction sites.

- Pennsylvania's Erosion and Sediment Pollution Control Program (25 Pa. Code, Chapter 102) requires Erosion and Sediment Control Plans for all earth disturbing activities.
- The National Pollutant Discharge Elimination System (NPDES) Permit Program (25 Pa. Code, Chapter 92) requires that construction activities disturbing greater than one acre submit a Notice of Intent for coverage under a general NPDES permit.

Knowing your requirements before starting a project and following them during construction can save you time and money, and demonstrate that you are a partner in improving our community's quality of life. For more information about these programs, contact your local county conservation district office or the Department of Environmental Protection.

What is Storm Water?

Storm water is water from precipitation that flows across the ground and pavement when it rains or when snow and ice melt. The water seeps into the ground or drains into what are commonly called storm sewers. These are the drains you see at street corners or at low points on the sides of streets. Collectively, the draining water is called **storm water runoff**.



Erosion Control Practices:

- Perimeter controls (e.g. silt fence)
- Sediment traps
- Immediate revegetation
- Phased, minimized grading
- Construction entrance
- Protection of streams and drainage ways
- Inlet protection



An Ounce of Prevention

Rain that falls onto construction sites is likely to carry away soil particles and other toxic chemicals present on construction sites (oil, grease, hazardous wastes, fuel). Storm water, if not properly managed, carries these pollutants to streams, rivers, and lakes. Erosion and sediment control practices can serve as a first line of defense,

Pollution Prevention Practices:

- Designated fueling and vehicle maintenance area away from streams.
- Remove trash and litter.
- Clean up leaks immediately.
- Never wash down dirty pavement.
- Place dumpsters under cover.
- Dispose of all wastes properly.

minimizing clean up and maintenance costs, and the impacts to water resources caused by soil erosion during active construction. Erosion controls can reduce the volume of soil going into a sediment control device, such as a sediment trap, therefore, "clean out" frequencies are lower and maintenance costs are less. When possible, divert water around the construction site using berms or drainage ditches.

In addition, use pollution prevention and "good housekeeping measures" to reduce the pollution leaving construction sites as well. This can be as simple as minimizing the pollution source's contact with rainwater by covering it, maintaining a "clean site" by reducing trash and waste, and keeping vehicles well maintained.

The Best Laid Plans

Plans such as erosion and sediment control plans and storm water pollution prevention plans are important tools for outlining the erosion control and pollution prevention practices that you will use to manage storm water runoff prior to breaking ground. Developing good plans allows for proper budgeting and planning for the life of the project. Proper installation and maintenance of erosion and storm water controls is essential to a plan that works. Training for on-site staff helps to ensure the proper installation and maintenance of erosion controls and pollution prevention practices. Inspect controls and management techniques regularly to ensure they are working, especially after storm events. If polluted storm water is leaving the site, you may need to repair or add additional storm water controls.



The Bigger Storm Water Picture

Your community is preventing storm water pollution through a comprehensive storm water management program. This program addresses storm water pollution from construction, but it also deals with new development, illegal dumping to the storm sewer system, and municipal operations. It will also continue to educate the community and get everyone involved in making sure the only thing that storm water contributes to our streams is . . . water! Contact your community or the Pennsylvania Department of Environmental Protection for more information about storm water management.

For more information:

Pennsylvania Association of Conservation District's:
<http://www.pacd.org/default.html>

Pennsylvania Handbook of Best Management Practices for Developing Areas:
http://www.pacd.org/products/bmp/bmp_handbook.html

Storm Water Manager's Resource Center:
<http://www.stormwatercenter.net>

Pennsylvania Department of Environmental Protection:
<http://www.dep.state.pa.us>



You MAY NOT
demolish any
commercial
building*



without notifying DEP

Get the notification form at: <http://www.dep.state.pa.us>
Go to: Subjects, Air Quality, Index, Asbestos, Contractor Info

Questions? Call DEP Lancaster Office
at 717-299-7601

*see NESHAP Regulation 40 CFR 61 Subpart M

Workers Compensation Insurance Coverage Information

(Attach to Zoning and/or Building Permit Applications)
(If work is being done by homeowner you are exempt from this form)

A. THE APPLICANT IS: (THIS INCLUDES ALL SUBCONTRACTORS)

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

If the answer is "YES" complete Section (B), If "NO" complete Section (C).

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: _____

C. EXEMPTION:

Complete Section C if the applicant is a contractor claiming exemption from providing workers compensation insurance. (MUST GET NOTARIZED).

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 _____



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 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 412-578-8133.

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.

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

All Other Counties

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

DEP Contact

DEP Northcentral Region
208 West 3rd Street - Suite 101
Williamsport, PA 17701-6448
570-327-3638

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
484-250-5920

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
717-772-3396



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only	Date Received 1	Date Received 2
Postmark Date: _____ Project ID#: _____ Permit #: _____ Other #: _____ Inspector: _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

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"/> Cancellation <input type="checkbox"/> Annual Notification
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"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Abatement prior to Demolition	
6.	FACILITY DESCRIPTION: Job No.: _____ (see instructions) Facility Name: _____ Street/Rural Address: _____ City: _____ State: <u>PA</u> 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): _____	

8. DEMOLITION CONTRACTOR:
 Company name: _____
 Street/Rural/POB Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone No. (between 8:00 & 4:30): _____

9. FACILITY OWNER:
 Owner name: _____
 Street/Rural/POB Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone No. (between 8:00 & 4:30): _____

10. FACILITY INSPECTION (required for renovation and demolition projects):
 Building inspector: _____ Certification # _____
 Date of inspection: _____ Is any material assumed to be asbestos? Yes No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:

Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT Yes No If Yes, please list in #12

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

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 ****

Code *	Code **	Code ***	Code ****
Type of ACM	Units	Type of abatement	Final Clearance
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	

13. Is this project regulated by NESHAP Yes No
 A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP 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. PCM 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 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: _____

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