

**BUILDING PERMIT** \_\_\_\_\_ **ELECTRICAL PERMIT** \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ Tax Parcel \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Front Yard \_\_\_\_\_ Ft. (Front of building to property line) Describe proposed work in detail \_\_\_\_\_

Rear Yard \_\_\_\_\_ Ft. (Rear of building to property line) \_\_\_\_\_

Side Yard \_\_\_\_\_ Ft. Side Yard \_\_\_\_\_ FT. \_\_\_\_\_

**State Classification:** New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

**BUILDING PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

Total square feet: \_\_\_\_\_ Use Group \_\_\_\_\_ Type Construction \_\_\_\_\_

No. of Stories: \_\_\_\_\_ Height of Structure \_\_\_\_\_

Description of work: \_\_\_\_\_

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**Type of work:**

Alterations/Additions of: \_\_\_\_\_ Square Ft. \_\_\_\_\_

( ) Roofing - Total square feet \_\_\_\_\_

( ) Fencing, supply height if it exceeds 6 foot \_\_\_\_\_

( ) Sign - Total Square feet \_\_\_\_\_

( ) Pool - Total Square feet \_\_\_\_\_

( ) Decks - Total Square feet \_\_\_\_\_

( ) Demolition - Total Square feet \_\_\_\_\_

( ) Accessibility \_\_\_\_\_

Other: \_\_\_\_\_

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**I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.**

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**BUILDING CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Building Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

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

**ELECTRICAL PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

**Technical Site**

Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____ Garbage Disposal
_____	Heater _____	Central A/C Units
_____		Signs
_____		Survey Fee

Others: \_\_\_\_\_

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**ELECTRICAL CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Electrical Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

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

# TAYLOR BOROUGH

## APPLICATION for Demolition of Structure

RETURN COMPLETED APPLICATIONS TO:

TAYLOR BOROUGH CODE OFFICER  
122 Union Street  
Taylor PA 18517

Application is hereby made on behalf of the owner of the premises herein. All statements of fact, and answers to all questions are represented to be true and correct.

\_\_\_\_\_  
Location of proposed project:

\_\_\_\_\_  
Name and address of owners of property where project is to take place:

\_\_\_\_\_  
Contractors Names and address:

Telephone: Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_

Is property located on a corner lot? \_\_\_\_\_ YES \_\_\_\_\_ NO

The site is:

a. Residential \_\_\_\_\_ or b. Commercial \_\_\_\_\_

Are the following utilities disconnected at the site? (check all):

Water: \_\_\_yes\_\_\_ \_\_\_no\_\_\_ \_\_\_not applicable\_\_\_

Sewer: \_\_\_yes\_\_\_ \_\_\_no\_\_\_ \_\_\_not applicable\_\_\_

Electric: \_\_\_yes\_\_\_ \_\_\_no\_\_\_ \_\_\_not applicable\_\_\_

Gas: \_\_\_yes\_\_\_ \_\_\_no\_\_\_ \_\_\_not applicable\_\_\_

Cable: \_\_\_yes\_\_\_ \_\_\_no\_\_\_ \_\_\_not applicable\_\_\_

Phone: \_\_\_yes\_\_\_ \_\_\_no\_\_\_ \_\_\_not applicable\_\_\_

\_\_\_\_ I have provided a copy of the Tax Certificate from County and Municipal Tax Offices.  
(Applies for principal structure demolition, not sheds, garages or other accessory structures)

\_\_\_\_ I have made the PA-1-CALL, 1-800-242-1776, Number issued # \_\_\_\_\_

Crews are responsible to have all open excavations protected by orange construction fencing at all times.

Water must be on site for dust control at all times, no dust or air born particles may leave the site.

\_\_\_\_\_  
All dirt and debris must be removed from roadways each day including dirt from stormwater runoff.

LACKAWANNA COUNTY TAX CLAIM BUREAU  
135 JEFFERSON AVENUE, GATEWAY CENTER  
SCRANTON, PA. 18503

PHONE: 570-963-6734  
FAX: 570-496-1733

**TAX LIEN CERTIFICATE REQUEST FORM**

REQUESTING COMPANY/AGENCY: \_\_\_\_\_

REQUESTING COMPANY PHONE: \_\_\_\_\_

REQUESTING COMPANY FAX: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PARCEL MAP NUMBER: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_

DATE OF PAYOFF: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

EACH PARCEL NUMBER REQUIRES A SEPARATE REQUEST FORM

LIEN CERTIFICATE FEE IS \$ 10.00 PER PARCEL (MAKE CHECKS PAYABLE TO THE LACKAWANNA COUNTY TREASURER) MAIL TO THE ABOVE ADDRESS.

NOTE: REQUESTS FOR CERTIFICATES WILL NOT BE PROCESSED WITHOUT PAYMENT.  
PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOP FOR RETURN MAIL.

THE LACKAWANNA COUNTY TAX CLAIM BUREAU TAKES NO RESPONSIBILITY FOR ANY ERRORS DUE TO INCORRECT INFORMATION SUBMITTED. PLEASE ALLOW 3-5 WORKING DAYS FOR PROCESSING REQUESTS.

# Taylor Borough Property Tax & Riverside School District Property Tax

If you have any questions regarding your tax bill, please contact the Tax Collector for the Taylor Borough property tax and Riverside School District tax.

Tax Collector: Patricia Naro

Address: C/O Taylor Borough Building  
122 Union Street  
Taylor, PA 18517

Phone: (570) 347-5069

E-Mail: [pnaro@taylorborough.com](mailto:pnaro@taylorborough.com)  
Or  
[pattynaro@gmail.com](mailto:pattynaro@gmail.com)

## Residential Demolition Permit Checklist

The following is a summary list of requirements that the owner and / or contractor are responsible for to meet the requirements of the Demolition Permit:

*(Please check all that apply and sign at bottom when complete.)*

- ASBESTOS:** Asbestos inspection and abatement, where applicable.
- UTILITIES:** Identify the location and type of all on-site utilities such as:
  - A: gas**
  - B: electric**
  - C: water service lateral**
  - D: public sewer lateral**(arrange that all are disconnected according to the utility providers requirements)
- FENCING:** Demolition site must be properly secured which may require fencing.
- SEWER:** Sewer cut-off and capped at or near the property line as approved.
  - Sewer cap:** Sewer must be capped with an approved pipe cap. Plugging the line with concrete will not be accepted.
- SEPTIC SYSTEMS:** **A:** Locate and protect or **B:** Tanks must be pumped and removed with all associated piping or abandon tanks in place with holes punched in tank bottom and filled with clean fill.
- WALLS:** Remove foundation walls to a minimum of 24" below grade or completely.
- COMBUSTIBLE MATERIALS:** Remove all combustible demolition materials from property.
- FLOOR:** Basement floor to be adequately broken and/or removed to prevent ponding and collection of water.
- FILL:** Fill basement with approved clean fill to a level not exceeding 24" below grade; must be dirt filled, graded, seeded (grass), and acceptable measures taken to prevent erosion.
- MISC. ITEMS:** Remove any accessory structures, poles, posts, fences, signs and also any and all trash and debris.
- DISPOSAL:** All demolition material must be hauled to an approved landfill.
- RESTORATION OF PUBLIC PROPERTY:** Streets, sidewalks, alleys and other public property disturbed in the course of the work shall be restored to the condition of the property prior to the commencement of the work or in a manner satisfactory as required by the Municipality.

I the undersigned do certify that all of the applicable above items have been completed.

Demo Permit Number: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

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

Permittee: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name

**Workers' Compensation Insurance-Coverage Information Form**  
(attach to Building Permit Application)

A. Name of Applicant: \_\_\_\_\_

Applicant or Contractor is a contractor within the meaning of the Pennsylvania Workers' Compensation Law?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is "yes" complete Sections B & D below as appropriate.

If the answer is "no" complete Sections C & D below as appropriate.

B. Insurance Information

Contractor: \_\_\_\_\_

Name

Federal or State Employer Identification No.: \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation \_\_\_\_\_ Certificate attached

Name of Workers' Compensation Insurer \_\_\_\_\_

\_\_\_\_\_ Certificate Attached Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

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:

\_\_\_\_\_ Property owner doing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to \_\_\_\_\_. Homeowner assumes liability for contractor compliance with this requirement.

\_\_\_\_\_ 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 \_\_\_\_\_.

\_\_\_\_\_ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letters for all employees).

D. Signatures

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Municipality Of

\_\_\_\_\_  
County Of

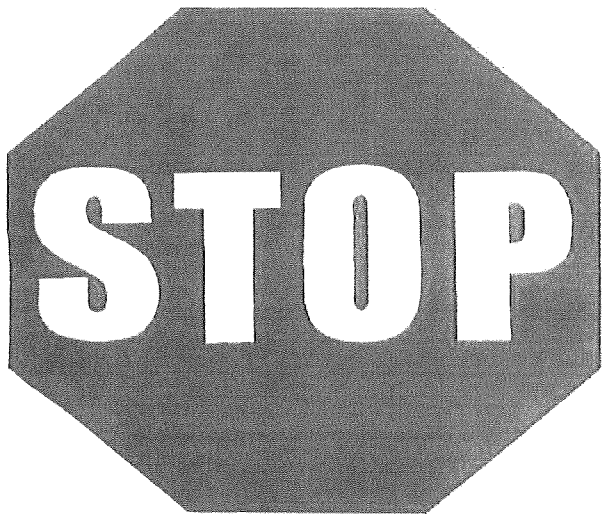
Subscribed, sworn to and acknowledge before me by the above this

\_\_\_\_\_ day of \_\_\_\_\_,

(seal)

\_\_\_\_\_  
Notary Public

**Once Completed, Return just this first sheet and submit it with your UCC Permit Application.**



Before you do any work,  
do you know you could  
be in violation of the  
Department of  
Environmental  
Protection's Regulations?

If you are unsure whether you need a permit, approval or if your activity would be in violation of the Department's Regulations, STOP and contact the Northeast Regional Office for assistance at 1-866-255-5158 ext 2.

Don't Fill in Floodway

Don't Burn

Don't Demo

Don't Bury

Don't Dump

Don't Fill in Wetlands

These are just some issues that you need to know about.

**DEP - Northeast Regional Office**