

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: _____

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: _____

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 _____
_____	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
Or
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

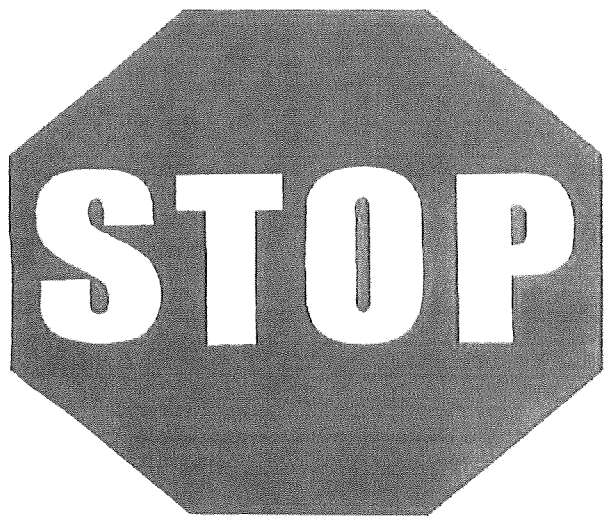
Subscribed, sworn to and acknowledge before me by the above this

_____ 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