



BOROUGH OF MEDIA

DEPARTMENT OF CODE ENFORCEMENT AND ZONING
301 N JACKSON STREET, 2ND FLOOR
MEDIA, PA 19063
610-566-5210
Fax 610-566-0335
jim@mediaborough.com

Conditions for Demolition Permit

1. Permit holder shall notify Code Enforcement Department at least seventy-two (72) hours prior to the start of any demolition to allow final advance notice to neighbors and to assure that erosion and sedimentation control facilities have been properly installed.
2. Notice of intent shall be delivered to adjacent property owners per Section 3303 *Demolition* of the 2006 ICC International Building Code.
3. Per section 3307 of the 2006 ICC International Building Code, appropriate measures will be taken to protect adjacent structures from damage or injury during demolition of existing buildings.
4. Borough streets may not be closed or occupied for demolition purposes without written permission of the Code Enforcement Director.
5. Water will be applied as necessary to property under demolition to minimize dust.
6. Erosion control fencing will be erected to prevent runoff of soil from property under demolition. Super silt fencing is the standard unless otherwise authorized by the Code Enforcement Director.
7. Standard construction chain link protective fencing shall be erected around demolition operations including any excavation created by the demolition.
8. All waste materials shall be removed in a manner which prevents injury or damage to persons, adjoining properties and public rights-of-way.
9. Per 3303.4 of the 2006 ICC International Building Code, the vacant lot created by demolition operations shall be filled and graded to prevent accumulation of water. Where the backfill is intended to be permanent, tamping must occur in appropriate lifts to assure a stable finished grade. Finished grade must be established with a minimum of one foot of virgin topsoil.
10. An asbestos certificate upon the letterhead of a PADEP licensed asbestos removal contractor verifying the status of asbestos in and on the structure must be provided to the Code Enforcement Director. If asbestos is present in the building,

it must be removed and disposed of in compliance with the Pennsylvania Department of Environmental Protection regulations. If the structure is determined to be asbestos free, then a statement to that effect upon the letterhead of a PADEP licensed asbestos removal contractor must be provided to the Code Enforcement Director.

11. All underground tanks must be removed per Section F-33404.2.13, *Abandonment of Storage Tank Systems* of the 2006 ICC International Fire Prevention Code. Soil remediation and appropriate restoration of the excavation must be accomplished.
12. Provide the Code Enforcement with proof that all utilities have been abandoned to the standards of the respective utility. Specific attention is directed to capping of sewer lateral(s) to prevent future site subsidence.
13. Premises shall be exterminated to eliminate any vermin and rodents that may be residing in the premises. A PADEP licensed exterminator shall be employed for this service and shall furnish to the Code Enforcement Director a certificate indicating that the required extermination has been completed in an effective and lawful manner.

DEMOLITION PERMIT CHECK LIST

Site Address: _____

Contractor: _____

Application Date: _____

	Yes/No	Date
Notice of intent to demolish delivered to adjacent owners		
Protective measures taken for adjacent structures		
Water available on site to minimize dust		
Erosion control fencing in place		
Site protective fencing erected		
Asbestos certificate received		
Underground tanks removed in PADEP compliant manner		
Certificates of utility abandonment received: Electric Gas Water		
Certificate of extermination received		

NOTES: _____

Permit Fee:

- Building _____
- Electrical _____
- Plumbing _____

Plumbing Registration: _____

Business Privilege: _____

Other: _____

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date / /	Type Permit <input type="checkbox"/> Electrical (E) <input type="checkbox"/> Building (B) <input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Mechanical (M) <input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
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1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning	
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)			

2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address	City	State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR LAST NAME, FIRST NAME	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

4. 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 authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ PHONE NO. _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE NO. _____

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE: ASSEMBLY <input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5) <input type="checkbox"/> BUSINESS (6) EDUCATIONAL <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8) FACTORY <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11) INSTITUTIONAL <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15) RESIDENTIAL <input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI-FAMILY (17) <input type="checkbox"/> BOCA TWO FAMILY (18) <input type="checkbox"/> CABO TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> CABO SINGLE FAMILY (21) STORAGE <input type="checkbox"/> MODERATE HAZARD (22) <input type="checkbox"/> LOW HAZARD (23)		
IMPROVEMENT TYPE: <input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR / REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)				
Structural (check that applicable) Frame <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4) _____		Exterior (Check those applicable) Walls <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4) _____		
Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)
Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Building Est. Value \$ _____

6. ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service	AMPS	Number of Circuits:	2 WIRE	3 WIRE	4 WIRE	Number of Service Outlets:	110V	220V	
POWER DEVICES			No.	OUTPUT/LOAD	POWER DEVICES			No.	OUTPUT/LOAD
1					7				
2					8				
3					9				
4					10				
5									
6									
Total Number of Motors _____									
Utility Service Revisions: <hr/> <hr/> <hr/>									
Est. Start	_____ / _____ / _____	Est. Finish	_____ / _____ / _____	Electrical Work Est. Value \$ _____					

7. PLUMBING PERMIT APPLICATION

Plumbing Work Yes No

Enter the Number of Fixtures Being Installed, Replaced or Repaired			
Tube/Showers	Drinking Fountains	Back Flow Preventers	
Shower Stalls	Floor Drains	Water Pumps	
Lavatories	Water Heaters	Roof Openings	
Toilets	Water Softeners	Parking Lot Drains	
Urinals	Sewage Ejectors	Inside Downspouts	
Sinks	Sump Pumps	Swimming Pools	
Laundry Tube	Grease Traps	Standpipes (Y/N) (Number Hose Outlets)	
Dishwashers	Bidets	Fire Sprinklers (Y/N) (Number of Heads)	
Garbage Disposals		Lawn Sprinklers (Y/N) (Number of Heads)	
		Total Fixtures	
Public Water (Y/N)	Public Sewer (Y/N)		
Water Service Size	IN.	Water Meter Size	IN.
Utility Service Revisions:		Avg. Daily Water Use GPD	
Est. Start	/ /	Est. Finish	/ /

8. MECHANICAL PERMIT APPLICATION

Mechanical Work Yes No

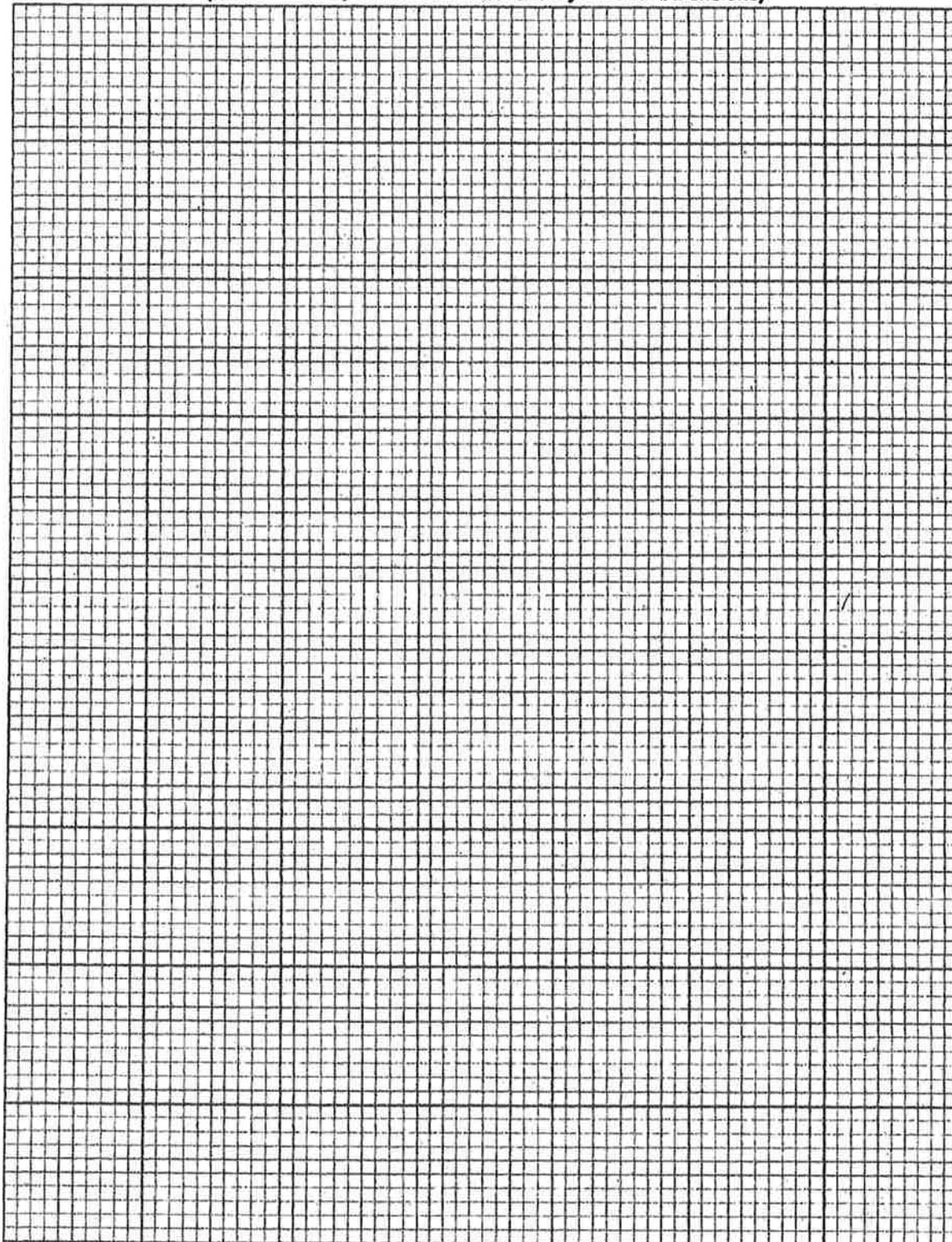
Enter Number of New or Replacement Units			
Forced Air Furnace	Incinerator	Air Handling Unit	
Unit Heater	Boiler	Heat Pump	
Gas/Oil Conversion	Coil Unit	Air Cleaner	
Space Heater	Window A/C Unit	Kitchen Exhaust Hood	
Gravity Furnace	Split System A/C	Hazardous Exhaust System	
Solid Fuel Appliance	A/C Compressor	Electric Furnace	
Utility Service Revisions:			
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)			
Est. Start	/ /	Est. Finish	/ /
		Mechanical Work Est. Value \$	

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:				
Description of Work:				
Est. Start	/ /	Est. Finish	/ /	Est. Value \$

10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)



SCALE = 1 Inch = _____ FEET

11. DATA ENTRY

Application Received: / /

By:

Application Reviewed: / /

By:

Data Entry: / /

By:

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE _____ LOWEST FLOOR ELEVATION _____

FLOOD ZONE _____ BASE FLOOD ELEVATION _____

13. ZONING PLAN EVALUATION

ZONING DISTRICT _____ MAP NUMBER _____

LOT AREA (From Page 2) _____ LOT COVERAGE (%) _____

LOT AREA PER ROOM _____ ENCROACHMENTS _____

OFF STREET PARKING SPACES, REQUIRED _____ PROVIDED _____

LOADING SPACE _____

SIGNS; NUMBER _____ SIZE OF EACH SIGN _____

PLANNING COMMISSION APPROVAL REQUIRED _____

BOARD OF ZONING APPEALS APPROVAL REQUIRED _____

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
TOTAL		\$	TO BE ENTERED ON PART 18				

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drawings.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

17. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

18. VALIDATION

Building Permit	Date	Number	Permit/Insp. Fee
Electrical Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
Plan Review Fee (From Part 14)			
Certificate of Occupancy Fee			
Other Fee			
TOTAL FEES			

Prepared By: _____ Date: _____

Approved By: _____ Title: _____