

# 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><b>Site Plan Requirements</b></p>	<p><b>TWO (2) COPIES OF A SITE PLAN SHOWING THE PROPOSED DEMOLITION MUST ACCOMPANY THIS APPLICATION.</b></p> <p><b>Must detail:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Size and location of any existing buildings or structures that will remain on the site.</li> <li>• Area to be filled to existing grade and seeded or to be fenced and otherwise protected in anticipation of new construction.</li> <li>• If applicable, location, dimensions and construction details for pedestrian protections required in section 3306 of the <i>International Building Code</i>.</li> </ul> <p><b>Demolition Permit Fee: \$50</b></p>
<p><b>Drawing and Description of Buildings to be Demolished</b></p>	<p>Description: _____</p> <p>_____</p> <p>_____</p> <p>Drawing:</p>
<p><b>OFFICE USE ONLY</b></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>

# Application for Residential Building Permit and Plans Examination

Plan Review Firm <b>Associated Building Inspections</b> P.O. Box 423 Ephrata, PA 17522 P: (866) 733-1654 F: (866) 733-1654	<b>EAST LAMPETER TOWNSHIP</b> 2250 Old Philadelphia Pike Lancaster, PA 17602 Phone (717) 393-1567 Fax (717) 393-4609
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PERMIT NUMBER: \_\_\_\_\_ Account #: \_\_\_\_\_ Zoning District \_\_\_\_\_

LOCATION OF PROJECT	Address _____ City _____ State _____ Zip _____ Intended Use _____
OWNER OF RECORD	Name of Owner _____ Address of Owner _____ City _____ State _____ Zip _____ Phone Number of Owner _____
PROJECT INFO	<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Foundation Only <input type="checkbox"/> Change of Use <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical Brief Description of Project _____ _____ Cost of Construction _____ Sq. Footage _____ Structure Width _____ Depth _____ Height _____ Date of Project Completion _____

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code), any additional approved building code requirements adopted by the Municipality and the approved Subdivision/Land Development Plan. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Applicant for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

The issuance of this permit is based upon the facts stated and representations made in this application. A permit may be revoked if the use and or structure for which it has been issued violates any applicable Township, State or Federal law or regulation. This permit may also be revoked if it has been issued in error or if issuance was based upon any misrepresentations or errors in the application or otherwise made by the applicant.

**I certify that the code administrator or the code administrator'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.**

APPLICANT SIGNATURE REQUIRED	Applicant Printed Name _____ Applicant Address _____ City _____ State _____ Zip _____ Applicant Signature _____ Date _____ Telephone # _____ E-mail _____
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Permit # \_\_\_\_\_

**Contractor Information**

General Contractor

General Contractor _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Mobile _____

Framing Contractor

Framing Contractor _____ Contract # _____
Scope of Work _____
_____
_____

Electrical Contractor

Electrical Contractor _____ Contract # _____
Scope of Work _____
_____
_____

Plumbing Contractor

Plumbing Contractor _____ Contract # _____
Scope of Work _____
_____
_____

Heating Contractor

Heating Contractor _____ Contract # _____
Scope of Work _____
_____
_____

Foundation Contractor

Foundation Contractor _____ Contract # _____
Scope of Work/Type of Work _____
_____
_____

Permit # \_\_\_\_\_

**PLOT PLAN**

A plot plan showing the lot size, existing and planned structures, existing and planned driveways and parking areas, interior and exterior storage areas, and all significant features such as flood plains, wetlands, easements, and drainage ways shall be submitted with this application. Until a plan is submitted, this application shall not be considered complete and shall not be processed.



**Please show the following on the Plot Plan:**

1. Size of the Lot
2. Location of existing and proposed structures (include setback measurements)
3. Street and driveway location

# 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).

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## 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: \_\_\_\_\_

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## 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**

<b>For Official Use Only</b>	<b>Date Received 1</b>	<b>Date Received 2</b>
Postmark Date: _____		
Project ID#: _____		
Permit #: _____		
Other #: _____		
Inspector: _____		

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.	<b>TYPE OF NOTIFICATION (check one):</b> <input type="checkbox"/> Revision ( <b>highlight here, and changes</b> ) <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.	<b>PROJECT LOCATION (check one):</b> <input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA ( <b>specify county</b> ): _____	
3.	<b>For Allegheny County and City of Philadelphia projects only:</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If <b>Yes</b> 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.	<b>TYPE OF OPERATION (check one):</b> <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.	<b>FACILITY DESCRIPTION:</b> Job No.: _____ ( <b>see instructions</b> ) 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.	<b>ABATEMENT CONTRACTOR:</b> 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:

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15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

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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:

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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: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

# 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:**

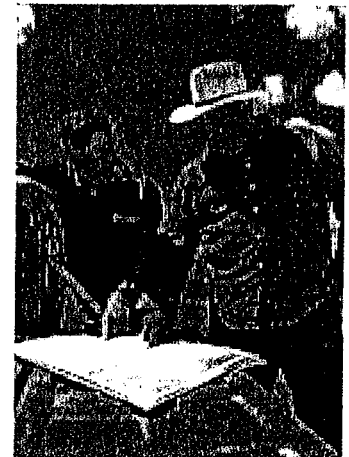
- Designated fueling and vehicle maintenance area away from streams.
- Remove trash and litter.
- Clean up leaks immediately.
- Never wash down dirty pavement.
- Place dumpsters under cover.
- Dispose of all wastes properly.

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](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>

