Permit	No.		
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Bureau Veritas North America, Inc. PERMIT APPLICATION

For questions or to submit your paperwork, please contact the office nearest you (locations attached)

Township or Boro	ough:		Dat	e:
Work Site Addres	s:			
VV OTRESTEE / Rudines	(street)	(city)	(state)	(zip)
Owner/Applicant:			_Phone:	
Mailing Address:				
5	(street)	(city)	(state)	(zip)
Contractor:			_Phone:	
Contractor Addre	ss:			
	(street)	(city)	(state)	(zip)
TYPE OF WORK (P	lease check either "Residential	" or "Commercial" below and prov	vide all informatio	n requested)
Residential Pro	ject: Description		Cost	\$
New Bldg. Square	Footage All Floors:	(not including garage)		8
Finished Basemen	t Square Footage (if appli	cable)		
Office Use Only Use Group	Construction Type	Code Used	P	
Commercial Pr	oject: Description		Cost	\$
New Building	Existing Building	New Bldg. Square Footage	All Floors:	
Use Group	Construction Type	Occupancy Load	Code Used	
I hereby certify that the as his/her authorized ago	proposed work is authorized by the ent and we agree to conform to all	ne owner of record and that I am or have applicable laws of this jurisdiction.	e been authorized to	make this application
Print Name				
Signature			Date	
		OFFICE USE ONLY		
Building Plan Rev	iew Date:	Approved	Not App	roved
Plan Reviewer:		Permit Fee: \$		<u>OVER</u>

DIRECTION FORM

ADDRESS OF PRO	OJECT					
BETWEEN	(cross street) AND(cross street)					
	(cross street)		(cross street)			
PLEASE PROVIDI LOCATION:	E DETAILED INSTRUC	CTIONS ON HOW T	O GET TO THE CONSTRUCTIO			
		1				
		2				
	2					

TO BE INCLUDED WITH EVERY BUILDING PERMIT APPLICATION

DEMOLITION GUIDELINES AND CHECKLIST

As required by Bureau Veritas North America, Inc.

ALL INFORMATION MUST BE FILLED IN, CHECKED OR MARKED N/A

Application	
I understand that I am responsible for notifying a	all adjoining neighbors of
the demolition project (one week in advance)	
Pennsylvania One Call has been contacted (800-	-242-1776) Authorization
Number	
I understand that I am responsible for contacting	
order to inspect all disconnects and capping of all serv	
and lines in accordance with local jurisdiction requirer	ments including sewer
and/or water lines prior to backfilling	
I understand that I am responsible for public safe	ety
I understand that I am responsible to fill and mai	ntain to the existing grade
so that no water may accumulate	
Plans for waste disposal	(must be
an approved and accepted manner)	
I understand that I am responsible for contacting	g DEP
(www.dep.state.pa.us) for all commercial demolition p	rojects and for all
controlled burn projects. (a minimum of 10 days advan	ced notice is required
prior to commencement of demolition)	
I understand that I am responsible for notifying a	all local utility companies
to ensure that services have been disconnected from	oremises and
disconnected from main lines. (For example: Penelec,	United Electric, National
Fuel, etc.) prior to commencing demolition	
I have read and answered the above checklist and guid	
best of my ability and solemnly swear that all informati	on given is truthful.
0:	5.1
Signature of applicant:	Date
Illian and E. Had Illian arm the manager for subject and	antina in made for a 1100
I/we, certify that I/we own the property for which applied	
demolition permit and that the applicant has my/our appropriate as a my/our appropriate demolition of the	
property or act as my/our agent in the demolition of the	s property. (All property
owners must sign)	
Signature of Property Owner	Date
organical controporty owner	bate
Signature of Property Owner	Date
Signature of Inspector or	
Authorized Office Personnel:	
100 March 1997 (1997 1997 1997 1997 1997 1997 199	

PLEASE NOTIFY BUREAU VERITAS
AS TO WHEN DEMOLITION WILL COMMENCE

THIS COMPLETED FORM MUST BE TURNED IN WITH APPLICATION