

No. \_\_\_\_\_

**DEMOLITION PERMIT / DEMOLITION AUTHORIZATION FORM**  
**BOARD OF SUPERVISORS**  
**HALIFAX TOWNSHIP**  
**102 FISHER STREET**  
**HALIFAX, DAUPHIN COUNTY, PENNSYLVANIA 17032**

Check One: RESIDENTAL: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Demolition Contractor: \_\_\_\_\_

Address of Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_ Email of Demolition Contractor: \_\_\_\_\_

Address of Demolition Contractor: \_\_\_\_\_ Phone Number of Demolition Contractor: \_\_\_\_\_

Job Site Location: \_\_\_\_\_

Street Address:                      Lot No.:                      Section:                      **Tax Parcel #:**

Proposed Demolition:  House  Garage  Barn  Accessory Structure  Other: \_\_\_\_\_

Date of Scheduled Demolition: \_\_\_/\_\_\_/\_\_\_ Are there any other Structures on this Lot:  Yes  No, How Many: \_\_\_\_\_

Type of Building or Structure to be Demolished:  Frame  Concrete Block  Steel  Other: \_\_\_\_\_

Proposed Demolition Building Size (Square Footage): \_\_\_\_\_ Is Electrical involved in Demolition:  Yes  No

Number of Demolition Building Structures: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Is Plumbing involved in Demolition:  Yes  No

Is Septic Tank/Sewer System involved in Demolition:  Yes  No (Sewer must be capped) Is Gas involved:  Yes  No

Use of Building Prior to Demolition:  Residence  Commercial  Agricultural  Accessory  Other: \_\_\_\_\_

Impervious Area after Demolition (Square Footage): \_\_\_\_\_ Is the Property in a Flood Zone:  Yes  No

How far away is the nearest structure from the Proposed Demolition: \_\_\_\_\_

Future Use of Demolition Site:  Residence  Commercial  Agricultural  Accessory  Other: \_\_\_\_\_

Future Square Footage of Impervious Area: \_\_\_\_\_

Date to be Developed: \_\_\_\_\_ Size of Lot: \_\_\_\_\_ Feet in Width \_\_\_\_\_ Feet in Depth

*Attach three sets of plans of lot, front set back, side, and rear yard, show property lines & proposed demolition site.*  
**(HALIFAX TOWNSHIP SETBACK REQUIREMENTS: 40' FRONT/ 20' SIDE/ 25' REAR)**

Owner/Contractor to tear down and carry away all the materials comprising the building, including all foundation and other walls. After work is completed, the site shall be left clean and free of ALL debris and filled and maintained to the existing grade, contoured, or otherwise made safe from accidental falls into holes, shafts, or other man-made voids and depressions. Only clean fill is to be used in backfilling of demolished structures. Refer to the current IBC code.

All provisions should be put in place to prevent the accumulation of water or damage to any foundations on the premises or the adjoining property. Refer to the current IBC code.

Notify PA One Call at 1-800-242-1776 or at [www.paonecall.org](http://www.paonecall.org) at least three (3) days prior to start of any demolition or excavation. Identify the type and location of site utilities such as gas, electricity, water service lateral, public lateral, on-lot well or on-lot sewer system on the site plan. All service utilities should be disconnected and capped in accordance with the approved rules and requirements of the authority having jurisdiction. Refer to the current IBC code.

Acknowledge that the electrical service has been disconnected by the serving utility. Initial: \_\_\_\_\_

Acknowledge that the gas service has been disconnected by the serving utility. Initial: \_\_\_\_\_

When on-lot septic systems are present, tanks must be pumped, any associated piping must be removed and properly disposed of, and tanks must be removed and properly disposed of or abandoned in-place with holes punched in the tank bottom and filled with clean fill. If you have any questions about these procedures, please contact Brian McFeaters, SEO for Halifax Township at (717) 813-6492.

When public sewer is present and the lateral is being abandoned, laterals must be capped at the public main as directed by Halifax Area Water and Sewer Authority (HAWASA). Please call (717) 896-3886 for more information.

Identify on the site plan if there are any existing underground or aboveground storage tanks. (Combustible and flammable liquids) that are present on the property. A separate permit is required and should be obtained from the Pennsylvania Department of Labor and Industry prior to the removal of any storage tanks.

Acknowledge the septic tank/sewer system service has been disconnected by the serving utility. Initial: \_\_\_\_\_

Buildings constructed prior to 1990 may contain asbestos. Asbestos shall be removed in accordance with Pennsylvania Department of Environmental Protection Air Quality's regulations. View the PA DEP's website at <http://depweb.state.pa.us/dep/site/default.asp>. Asbestos removal is regulated by the Department of Labor and Industry, please call (717) 772-3396 for more information.

All demolition and building work should not commence until pedestrian protection is in place. Refer to the current IBC code for specific protection requirements.

This demolition permit becomes null and void if work or construction does not commence within 180 days, or if work or construction is suspended or abandoned for a period of 180 days at any time after the work has commenced.

**The Applicant is hereby made to obtain a permit to do the demolition work indicated. I hereby certify that no work has commenced prior to the issuance of a demolition permit and all provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a demolition permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. Owner's Affidavit: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulated within the UCC Code for Demolition in Halifax Township. "I hereby certify that I have read and examined all information contained in this demolition permit application is true and correct!"**

*Signature of Applicant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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**Issue Date:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Date of Completion:** \_\_\_\_\_

**Township Authorizing Signature:** \_\_\_\_\_ **Fee (\$75.00) Received:** \_\_\_\_\_