



## DEMOLITION PERMIT SUBMISSION GUIDE

Demolition of Commercial and Residential structures shall be in conformance with the current adopted edition of Chapter 33 of the International Building Code and all Local, State and Federal requirements. The following must be submitted with the Building Permit Application:

- Statement that all appropriate utilities have been notified and will be or have been properly terminated and capped as required. (See attached form)
- Site drawing showing location of structure(s) to be demolished and outlining restoration procedures.
- Provide a **copy** of the Asbestos Notification Form which was submitted to the Pennsylvania Department of Environmental Protection. (Commercial structures only)

### NOTES:

1. All work shall be in conformance with the approved plans and all Local, State and Federal Regulations.
2. All utilities shall be terminated and capped.
3. The property must be restored to a grade level that does not allow any hazardous conditions or does not allow water to run off onto neighboring properties. Provisions shall be made to prevent the accumulation of water and debris.
4. Protection of the public shall be provided and maintained during the demolition. All safety issues must be addressed prior to demolition. (Safety Barriers, traffic control, fire department notification, etc.)
5. DEP Approval is required prior to issuance of permit (When applicable)

**DEMOLITION PERMIT - UTILITY SIGN OFF FORM**

Utility Contact Information

PA One Call: 800-242-1776

Electric – PPL: 800-342-5775

Natural Gas – UGI: 610-866-0951

Telephone Service - (Must contact provider)

Service Electric – 610-865-9100 ext. 7

RCN - 800-746-4726

Water Service – LCA (Lehigh County Authority) – 610-398-2503

Sewer Service – Lower Macungie Township – 610-966-4343 ext. 117

Utility Sign Off Signatures (Required) (Sign and Print Name)

PPL/MetEd: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

UGI Gas: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Cable Service: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Water Service: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sewer Service: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_