

**A SIGNED COPY OF THE CONTRACT MUST BE SUBMITTED WITH APPLICATION**



Tax Parcel # \_\_\_\_\_

Date \_\_\_\_\_

**DEMOLITION PERMIT APPLICATION**

*Willistown Township*

*688 Sugartown Road*

*Malvern, PA 19355*

Phone 610.647.5300

Fax 610.647.8156

**Property Address/Site Location:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

**Willistown Historic Structure (Review Required):** Yes \_\_\_\_\_ No \_\_\_\_\_

**Date Willistown Cleared Historic Structure for Demolition:** \_\_\_\_\_

**Other Historic Agency Review Clearance Required:** Yes \_\_\_\_\_ No \_\_\_\_\_

\*if YES submit review approval

**Date of Demolition:** \_\_\_\_\_

**Description of building** (including size of building, number of stories (basement), construction type and use) \_\_\_\_\_  
\_\_\_\_\_

**Prior to issuance of permit, applicant must provide proof of removal and capping of utilities and service connections including:**

Electric \_\_\_\_\_ Gas \_\_\_\_\_ Water \_\_\_\_\_ Telephone \_\_\_\_\_

Sanitary Sewer \_\_\_\_\_ Storm Water Leaders \_\_\_\_\_

**Prior to issuance of permit, applicant must provide notice to adjoining property owners** \_\_\_\_\_  
\_\_\_\_\_

**Method of disposal of debris** \_\_\_\_\_

**Restoration of affected area – fences, retaining walls, or permanent repairs to adjacent properties** \_\_\_\_\_  
\_\_\_\_\_

**INSPECTIONS REQUIRED:**

1. Site Inspection before Demolition \_\_\_\_\_
2. Utility Connections Removed and Capped \_\_\_\_\_
3. Restoration of Affected Area \_\_\_\_\_

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**WILLISTOWN TOWNSHIP HISTORICAL COMMISSION  
and  
HISTORICAL and ARCHITECTURAL REVIEW BOARD**

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The Historical Commission meets once a month.  
The first Tuesday of each month at 7:00pm  
40 Lloyd Avenue, Suite 208A  
Malvern, PA 19355

PLEASE READ THIS INFORMATION CAREFULLY BEFORE COMPLETING THIS APPLICATION.

The Historical Commission can review your application without your presence or the presence of your authorized representative; however, unanswered questions concerning your application may cause tabling of your application until the next meeting that you can attend.

If you have any questions, please feel free to call the Township before you file this application; they will put you in touch with a member of the Commission to guide you through the process.

**Your application is due no later than 5 PM, two weeks prior to the Commission Meeting.** This will give the Commission time to review your application and prepare a preliminary report for the entire Board. A member of the Board may also call you to clarify questions regarding your application. You must answer all questions on this application (use "N/A" if not applicable) and include any current photographs, elevations, relevant drawings, specific lettering fonts (for signage), and old documents or photographs that you may have researched.



## 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 provided. **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

The PA DEP Central Office is no longer processing the asbestos demo/reno notification form. Do not send the notification form to the P.O. Box 8468 or the 400 Market Street, Harrisburg address. The notification submission addresses, listed below, are to be used depending on the county location of your project:

If the facility address is in Bucks, Chester, Delaware, or Montgomery Counties, send your notification information to:

PA DEP Southeast Region  
Asbestos Notification  
2 East Main Street  
Norristown, PA 19401-4915  
Telephone: 484-250-5920

If the facility address is in Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, or Wyoming Counties, send your notification information to:

PA DEP Northeast Region  
Asbestos Notification  
2 Public Square  
Wilkes-Barre, PA 18701-1915  
Telephone: 570-826-5547

If the facility address is in Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, or York Counties, send your notification information to:

PA DEP Southcentral Region  
Asbestos Notification  
909 Elmerton Avenue  
Harrisburg, PA 17110-8200  
Telephone: 717-705-4702

If the facility address is in Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, or Union Counties, send your notification formation to:

PA DEP Northcentral Region  
Asbestos Notification  
208 West Third Street, Suite 101  
Williamsport, PA 17701-6448  
Telephone: 570-321-6580

### 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

**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



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF AIR QUALITY

**ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM**

<b>For Official Use Only</b>	Date Received 1	Date Received 2
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"/> Annual Notification <input type="checkbox"/> Cancellation
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 (specify county): _____ <input type="checkbox"/> Municipality (specify): _____	
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.	<b>WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes 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 all that apply):</b> <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Abatement prior to Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation	
6.	<b>FACILITY DESCRIPTION:</b> Job No.: _____ (see instructions) Facility Name: _____ Street/Rural Address: _____ City: _____ State: PA 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): _____	

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. Démolition: 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: \_\_\_\_\_

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**