UPPER MACUNGIE TOWNSHIP

DEMOLITION PERMIT GUIDELINES

The following information must be submitted or addressed prior to issuance of a demolition permit:

- □ Permit application (Fees will be determined at time of issuance).
- □ Three (3) copies of a site plan, drawn to scale, with a schedule for demolition, clearly describing the structure(s) to be demolished. (Location and size required).
- □ Identify the type and location of site utilities such as gas, electric, water, sewer, cable, telephone, etc. on the site plan. Verification from all applicable utilities is required to confirm disconnects/shut offs, etc.
- □ Identify, if any, underground storage tanks (combustible and flammable liquids) that are present on the property on the site plan.
- □ Notify PA One Call at 800-242-1776 (811) at least three (3) days prior to start of demolition or excavation.
- □ Asbestos shall be removed in accordance with PA Department of Environmental Protection Asbestos Removal Requirements. Guidance and DEP Form are attached – provide a copy of the DEP Form upon submittal to DEP.
- □ On-lot wells to be abandoned shall have the pump removed; the shaft filled with clean stone and permanently capped12 inches below finished grade.
- □ Public water service piping must be capped at an approval location and inspected by a Lehigh County Authority representative prior to its concealment/backfilling.
- □ Indicate type of sewer system: on-lot septic system, or public sewer.
- □ When on-lot septic systems are present: (1) all tanks must be pumped, (2) all associated piping must be removed and properly disposed of, and (3) all tanks must be removed and properly disposed of or abandoned in place with holes punched in the tank bottom and filled with clean fill. Separate septic permit required.
- □ When public sewer is present and the lateral is being abandoned, the lateral must be capped at the public sewer main and must be inspected prior to backfilling.
- □ All buildings shall be completely razed. All construction materials from the demolition shall be completely removed or used as approved clean fill. (All appliances, equipment, piping, tanks, fixtures, furniture, etc. shall be removed and properly disposed of.)
- □ Indicate whether demolition waste materials will be disposed of onsite or offsite. Only clean fill - uncontaminated soil, rock, stone, gravel, concrete, brick, and/or concrete

block debris may remain onsite. All demolition materials removed from the site must be disposed of at an approved facility/site. Weight slips required.

- □ No methods of demolition will be permitted which will not ensure all phases of such demolition being strictly confined within the limits of the demolition areas, and without hazard to adjacent properties, or to the public.
- □ Under no circumstances shall any structure or debris be set afire.
- □ Masonry basement floors may be cracked and left as part of the backfill if they are more than 18 inches below ground level and qualify as clean fill.
- □ All rubbish and debris on the demolition area or resulting from the demolition activities or deposited on the site by others until final inspection and approval shall be removed and legally disposed of by the contractor. The project site and public right-of-way shall be kept reasonably clean at all times.
- □ All excavations outside the street right-of-way must be filled with suitable clean fill installed to meet structural fill requirements, if the area will be a bearing surface for below or above ground structures or buildings.
- □ Backfilling of all sub surface areas shall conform to the following provisions:
  a. Backfilling shall be done with approved engineered fill or excavation to grade.
  b. Before starting backfilling operations, the contractor shall have inspected the empty basement with the Inspector;
  c. No combustible material of any kind will be used or permitted in the backfilling. Fill should be hauled in and not excavated from the surrounding terrain;
  d. Prior to placing the first layer, existing cellar floors and other surfaced areas shall be broken to insure adequate drainage.
  e. The final 18 inches to the existing ground level shall be filled with clean dirt that is free of rubble and vegetable matter.
  f. The site shall be left in a clean and aesthetic condition with back filled shaped to the level of the surrounding terrain.
  g. Final grading shall include two (2) inches of topsoil on top of the lot and seeding with approved seed.
- □ Facilities Required – Sanitary facilities shall be provided during demolition activities.
- □ Walkways – A walkway shall be provided for pedestrian travel in front of every demolition site if required.
- □ Provisions shall be made to control water runoff and erosion during demolition activities.
- □ Required access – Approved vehicle access for fire fighting shall be provided to all demolition sites within 100’ of permanent FDC.
- □ All other requirements of the International Building Code & International Fire Code pertaining to demolition shall be followed.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR QUALITY

ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Postmark Date: _____

Project ID#: _____

Permit #: _____

Other #: _____

Inspector: _____

Date Received 1

Date Received 2

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. TYPE OF NOTIFICATION **(check one):** ☐ Initial ☐ Annual Notification
   ☐ Revision **(highlight here, and changes)** ☐ Phase of Annual Notification
   ☐ Postponement ☐ Cancellation
   Date of Initial Notification or, if previously revised, date of last revision: _____

2. PROJECT LOCATION **(check one):**
   ☐ Allegheny County ☐ City of Philadelphia ☐ Other Location in PA **(specify county):** _____
   ☐ Municipality **(specify):** _____

3. **FOR ALLEGHENY COUNTY AND CITY OF PHILADELPHIA PROJECTS ONLY:**
   A. Does this project require a permit? ☐ Yes ☐ 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? ☐ **Yes** ☐ **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. TYPE OF OPERATION **(check all that apply):** ☐ Abatement prior to Demolition
   ☐ Demolition ☐ Ordered Demolition ☐ Renovation ☐ Emergency Renovation

6. FACILITY DESCRIPTION: 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? ☐ Yes ☐ No
   Facility size in square feet: _____ # of floors: _____ Age in years: _____

7. ABATEMENT CONTRACTOR:
   Company name: _____
   Email address: _____
   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: _____
Email address: _____
Street/Rural/POB Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone No. (between 8:00 & 4:30): _____

9. FACILITY OWNER:
Owner name: _____
Email address: _____
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 *
Type of ACM

FRI - Friable ACM
NF1 - Cat I nonfriable ACM
NF2 - Cat II nonfriable ACM
(Note: Allegheny County treats all ACM as friable)

Code **
Units

LF - Linear ft.
SF - Square ft.
CF - Cubic ft.

Code ***
Type of abatement

REM - Removal
CAP - Encapsulation
CLO - Enclosure
NON - None

Code ****
Final Clearance

PCM - Phase contrast microscopy
TEM - Transmission electron microscopy

13. Is this project regulated by NESHAP? ☐ Yes ☐ No
Is this project subject to Act 194? ☐ Yes ☐ No

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:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

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:

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 ten (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 #: _____

25**.** Fees (Applicable to projects subject to both NESHAP and Act 194 (Asbestos Occupations Accreditation and Certification Act))

If you are submitting an Initial notification for an asbestos abatement or regulated demolition or renovation project that is subject to 40 CFR Part 61, Subpart M (relating to National Emission Standards for Hazardous Air Pollutants), or the Asbestos Occupations Accreditation and Certification Act (Act 1990 -194) (63 P.S. §§ 2101—2112), you must include a payment for **$300** payable **to "The Commonwealth of Pennsylvania Clean Air Fund" and submitted to the respective regional office.**

Initial notifications will not be considered complete unless accompanied by the fee.

Please provide check # _____

* * * * * SIGN BOTH STATEMENTS * * * * *

26. **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: _____

27. **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 TITLE 18 PA. C.S.A. SECTION 4904 AND 35 P.S. SECTION 4009(b)(2).**

_____ _____

(Original Signature of Owner/Operator) **(Date)**

Printed Name of Owner/Operator: _____ Title: _____

UPPER MACUNGIE TOWNSHIP

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Provide certificates of insurance for ALL CONTRACTORS listed and PA Contractors License Numbers when applicable. Include PPL Job Number, provide descriptions of work on application and include telephone numbers. Follow **APPLICANT INSTRUCTIONS.**

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete Part 6. If plumbing work, complete Part 7. If mechanical work, complete Part 8. For other permits (Grading Permits), complete Part 9. Attach Site Plans and Project Narratives.

Application Date:	Permit Type:						Is Owner the Applicant?	
			☐ Electrical	☐ Plumbing			☐ Yes	☐ No
/ /	☐ Building		☐ Mechanical	☐ Other (See item 9)				

1. PROPERTY INFORMATION

Street Address		Apt. #	Zip Code	PIN Number	Zoning District
Subdivision	Phase	Lot Number	Parcel Type		
			☐ Residential	☐ Industrial	
			☐ Commercial	☐ Other	

2. OWNER INFORMATION ☐ SAME AS ABOVE

First Name	Last name or Business Name	Phone/Email	
Street Address	City	State	Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	STREET ADDRESS	CITY	STATE	PHONE NUMBER
Applicant (not owner)					
Architect/Engineer					
General Contractor					
Excavation					
Concrete					
Carpentry					
Electrical					
Plumbing					
Sewer					
Mechanical					
Drywall					
Sprinkler					
Paving					
Fire Alarm					
Other					

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the responsible jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official'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.

SIGNATURE OF APPLICANT _____ ADDRESS _____ PHONE/E-MAIL _____

RESPONSIBLE PERSON IN CHARGE OF WORK _____ TITLE _____ PHONE/E-MAIL _____

SIGNATURE OF PROPERTY OWNER (IF NOT APPLICANT) _____

5. BUILDING PERMIT APPLICATION

Application For:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Repair/Replacement
- ☐ Demolition
- ☐ Foundation Only
- ☐ Accessory Building
- ☐ Temporary Building
- ☐ Parking Lot
- ☐ Grading Only
- ☐ Electrical
- ☐ Plumbing
- ☐ Mechanical

Proposed Use:

- ☐ One Family
- ☐ Two Family
- ☐ Townhome
- ☐ Multi-Family
- ☐ Place of Assembly
- ☐ Business (Office)
- ☐ Educational
- ☐ Factory or Industrial
- ☐ Warehouse/Distribution
- ☐ Institutional
- ☐ High Hazard
- ☐ Mercantile (Store)

Construction Type:

Structural Frame:

- ☐ Steel
- ☐ Masonry
- ☐ Concrete
- ☐ Wood
- ☐ Other

Exterior Walls:

- ☐ Steel
- ☐ Masonry
- ☐ Concrete
- ☐ Wood
- ☐ Other

Structure Information:

Int. Floorspace _____ sq. ft.
No. of Units _____
# of Bedrooms _____
# of Stories _____
Building Height _____ ft
Gross Area * _____ sq. ft.
* Include basement, garage, porch and decks (1st and 2nd floor)
Lot Sq. Ft. _____ sq. ft.
Bldg Sq. Ft. _____ sq. ft.
% Bldg Coverage _____ sq. ft.
Est. Start Date _____
Est. Finish Date _____

Detailed Description of Proposed Work: _____

Construction Cost $ _____
PA ONE CALL # _____
Date _____

6. ELECTRICAL PERMIT APPLICATION

Electrical Work ☐ **Yes** ☐ **No**

Total Service: _____ amps.

# of Circuits: _____ 2 wire _____ 3 wire _____ 4 wire

Number of Service Outlets: _____ 120 V

PPL # _____ _____ 240 V

	Power Devices	No.	Output/Load		Power Devices	No.	Output/Load
1				7			
2				8			
3				9			
4				10			
5							
6				Total Number of Motors			

Utility Service Revisions: _____

Est. Start _____ Est. Finish _____ Electrical Work

Est. Value $ _____

7. PLUMBING PERMIT APPLICATION

Plumbing Work ☐ **Yes** ☐ **No**

Enter the Number of Fixture Being Installed, Replaced or Repaired

Tubs/Showers		Laundry Tubs		Sump Pumps		Inside Downspouts		
Shower Stalls		Dishwashers		Grease Traps		Swimming Pools		
Lavatories		Garbage Disposals		Bidets		Standpipes	No. of Outlets	
Toilets		Drinking Fountains		Back Flow Preventers		Fire Sprinklers	No. of Heads	
Urinals		Floor Drains		Water Pumps		Lawn Sprinklers	No. of Heads	
Sinks		Water Softeners		Roof Openings				
Water Heaters		Sewage Ejectors		Parking Lot Drains				
						Total Fixtures:		

Public Water (Y/N) Public Sewer (Y/N): Water Service Size (in.): Water Meter Size (GPD):

Utility Service Revisions: _____

Est. Start _____ Est. Finish _____ Plumbing Work

Est. Value $ _____

8. MECHANICAL PERMIT APPLICATION

Mechanical Work ☐ **Yes** ☐ **No** Total Service: _____ amps.

Enter the Number of New or Replacement Units

Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler/Water Heater		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	

Type of Heating Fuel (check one)

☐ Gas ☐ Oil ☐ Electric ☐ Coal ☐ Wood ☐ Other _____

Utility Service Revisions: _____

Est. Start _____ Est. Finish _____ Mechanical Work Est. Value $ _____

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type: _____

Description of Work: _____

Est. Start _____ Est. Finish _____ Est. Value $ _____

10. FEES AND APPROVALS

Approval:

		REVIEWER	N/A	DENIAL	DATE
☐	PLANNING		☐	☐	
☐	ZONING		☐	☐	
☐	BUILDING		☐	☐	
☐	ELECTRIC		☐	☐	
☐	PLUMBING		☐	☐	
☐	MECHANICAL		☐	☐	
☐	FIRE		☐	☐	

☐	Sewer Allocation Fee:	$	-
☐	Sewer Tapping Fee:	$	-
☐	Other: _____	$	-
		$	-

Fees:

☐	Building Permit	$	
☐	Electrical Permit	$	
☐	Plumbing Permit	$	
☐	Mechanical Permit	$	
☐	Plan Review	$	
☐	Administration (25%)	$	
☐	Re-Review Fee	$	
☐	Re-Review Admin Fee	$	
☐	PA Act 157 Fee	$	4.50
☐	Other	$	
	Total	**$**	

Approval Conditions: U.C.CONSTRUCTION TYPE: _____ USE CLASSIFICATION: _____ OCCUPANT LOAD: _____

PERMIT ISSUED BY: _____ **TITLE:** _____ **DATE:** _____

If not picked up by the Applicant, Building Permit expires one-hundred and eighty (180) days after approval.

UPPER MACUNGIE TOWNSHIP
8330 Schantz Rd
Breinigsville, PA 18032

(610) 395 - 4892 FAX (610) 395 - 9355

AS-BUILT (SITE PLAN) REQUEST

Date of Request: _____

Name of Requester: _____

Property Address: _____

Phone Number: _____

E-mail Address: _____

For Official Use ONLY

Date Received: _____ Permit # _____

Date Applicant Notified for Pick-Up: _____

UPPER MACUNGIE TOWNSHIP

8330 Schantz Road
Breinigsville, PA 18031

p 610.395.4892
f 610.395.9355

UpperMac.org

** Important Notice to Property Owners **

The following items contain important information which you can use to protect your property and wallet!

1. Permits and inspections are required for all work completed under the Pennsylvania Uniform Construction Code (UCC) & Township Ordinance. This includes all structural, electrical, plumbing, HVAC and other work. Inspections by our UCC certified inspectors are needed to ensure work being conducted on your property is safe and up to the minimum state & local standards.

2. All work completed on a property is the ultimate legal responsibility of the property owner. Projects completed without permits & inspections, or without permits properly being closed out, can lead to enforcement & violation actions being taken against the property owner.

3. The Township recommends that you withhold final payment for the work completed on your property until you verify that a Certificate of Completion has been issued.

4. Township staff is here to help! Please contact us directly with any questions or concerns about the permit process.

By signing below, you acknowledge reading this document and that you are giving permission for your contractor to submit permit applications on your behalf (if applicable):

_____

Signature Date

Address: _____

UPPER MACUNGIE TOWNSHIP
8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031

(610) 395-4892 FAX (610) 395-9355

INSURANCE COVERAGE REQUIRED:

All Contractors performing work in Upper Macungie Township must have proof of insurance to include general liability and workers' compensation coverage.

If your policy does not include workers' compensation coverage, we will need the township's waiver form completed and notarized, the form can be notarized at Upper Macungie Township. You will need a valid form of Identification (such as driver's license). This form can be found in the licensing link on the website. This form should be included with your general liability certificate.

Upper Macungie Township must be listed as certificate holder.

Please forward a copy of your certificate to:

Upper Macungie Township
8330 Schantz Road
Breinigsville, PA 18031
Fax to 610-395-9355
Email: Tantonelli@uppermac.org or Sharons@uppermac.org

If you have any questions, please contact me at 610-395-4892 Extension 125.

Thank you,

Upper Macungie Township

UPPER MACUNGIE TOWNSHIP
8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031

(610) 395-4892 FAX (610) 395-9355

WORKERS' COMPENSATION INSURANCE COVERAGE CONTRACTORS IN ACCORDANCE WITH PA WORKERS' COMPENSATION REFORM ACT 44

Exemption:

Complete if the Applicant is a contractor claiming exemption from providing Worker Compensation Insurance.

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 Upper Macungie Township.

- **Religious Exemption** under the Workers' Compensation Law.

_____
Print Company Name

Subscribed and sworn before me this
__ day of _____ 20 _____

_____
Print Applicant Name

_____
Signature of Notary Public

My Commission Expires: _____

_____
Address

(Seal)

_____
City/State/Zip Code

_____
County/Municipality

_____
Signature of Applicant

UMT Tax Collector

1275 Glenlivet Drive, Suite 100-126
Allentown, PA 18106-3107
TaxCollector@UpperMac.org
O: (610) 871-0061 F: (484) 838-6638
www.UpperMacungieTaxCollector.org

APPLICATION FOR PERMIT TO REMOVE MOBILE HOME

Physical Location of Property:

Number & Street *Lot ID* *Town/Village* *Zip Code*

Parcel Identification Number (PIN) *Lot Size*

Owner Information:

(Name - First, Middle, Last)

Number & Street *Unit/Apt/Ste*

City/Town *State* *Zip Code*

Phone Number *Email*

Applicant Information *(if different):*

(Name - First, Middle, Last)

Number & Street *Unit/Apt/Ste*

City/Town *State* *Zip Code*

Phone Number *Email*

Description of Mobile Home:

Commercial or Residential *Color* *Dimensions* *Square Footage*

OVER

/ / 20

Reason for Removal *Scheduled Date of Removal*

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsifications to authorities.

Printed Name (First, Middle, Last) *Title*

Signature of Owner or Authorized Agent *Date*

IMPORTANT COMPLIANCE NOTICE:
No mobile home may be removed, demolished, or otherwise taken off a property without an approved Removal Permit issued by the Tax Collector.
Any person who removes or demolishes a mobile home without this permit may be subject to:

- Civil penalties and fines under applicable Township ordinances
- Enforcement action and inspection fees
- Continued assessment and taxation of the home until lawful removal is verified
- Possible legal action to compel compliance

Issuance of this permit ensures accurate tax records and prevents avoidable penalties.

DISCONNECTION AND TERMINATION OF ALL UTILITIES MUST BE COMPLETED BEFORE FINAL INSPECTION AND REMOVAL!

By the application of my signature and official seal below, I do hereby certify there are no outstanding real estate tax bills on the above-described parcel according to the official records maintained by this office. For all billing and payment activity occurring prior to the start of my term on January 5th, 2026, I have relied upon the official digital records transferred to me by my predecessor(s).

Application Fee: $2.00 (per parcel)
Date: _____/_____/ _____
Certified By: _____