



**DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS**

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4171

**APPLICATION FOR A DEMOLITION PERMIT**

1. Is the Property Condemned?

Yes

No

- If yes, is the city treasurer holding a performance bond or cashier's check until the improvements are completed and approved?      Yes      No
- If yes, did this Department conduct an inspection at this location?      Yes      No

2. Property Map Id Number(**Required**) \_\_\_\_\_

3. Name of Listed Property Owner: \_\_\_\_\_

- If listed owner is under a fictitious name, proof of ownership is required. You must provide paperwork from the PA Department of State, Bureau of Corporations and Charitable Organizations OR other official governmental agency.

4. Authorized Agent of Property \_\_\_\_\_

5. Address of Property Owner: \_\_\_\_\_

6. Telephone Number of Listed Owner: \_\_\_\_\_

7. Location of Job Site: \_\_\_\_\_

8. Is the Property Located in a Flood Zone?

Yes

No

9. Kind of Structure: \_\_\_\_\_

10. Is Existing use of Property a Single Family Dwelling?

Yes

No

• If no, what is the current use of the structure? \_\_\_\_\_

• If multi dwelling, how many units? \_\_\_\_\_

11. Size of Lot: \_\_\_\_\_ Ft. in Width \_\_\_\_\_ Ft. in Depth \_\_\_\_\_ Ft. in Height

12. Size of Structure \_\_\_\_\_ Total Square Ft. \_\_\_\_\_

13. Asbestos Abatement Contractor (If Applicable): \_\_\_\_\_

14. Does this structure attach to a party wall? \_\_\_\_\_

*If yes, the owner or contractor shall provide this Department with a bond to cover the cost of weatherproofing the party wall on the exposed side. Such weatherproofing shall be stucco, dryvit, brickote, gunite, or other approved non-combustible materials.*

15. How far away is the nearest structure from the proposed demolition:

\_\_\_\_\_

16. Are there any other structures on this lot? \_\_\_\_\_

17. Were Construction Prints Submitted by a Licensed Architect/Engineer?

Yes -                      No -                      N/A

If yes, are plans approved?    Yes    No \_\_\_\_\_

\*\*\*If Applicable\*\*\*

Architect's/Engineer's Name: \_\_\_\_\_

Architect's/Engineer's Address: \_\_\_\_\_

Architect's/Engineer's Telephone Number: \_\_\_\_\_

NOTE: THE ANSWERS AND INFORMATION PROVIDED IN PARAGRAPH 8 ABOVE DO NOT WAIVE THE REQUIREMENTS AND CONDITIONS REQUIRED BY THE CITY OF SCRANTON ZONING ORDINANCE FILE OF COUNCIL 74 OF 1993.

FURTHER, ANY RELIEF GRANTED BY THE APPROVAL OF THIS DEMOLITION PERMIT, DOES NOT WAIVE OR IMPLICITLY APPROVE ANY RELIEF REQUIREMENTS REQUIRED BY OTHER CITY ORDINANCES, INCLUDING BUT NOT LIMITED TO THE CITY OF SCRANTON ZONING ORDINANCE.

FURTHER, IF ANY OF THE ANSWERS TO QUESTIONS HEREIN OR INFORMATION PROVIDED ARE FALSE OR A MISREPRESENTATION, SHALL VOID THIS PERMIT AND THE SAME WILL BE REVOKED.

ALL LICENSED CONTRACTORS APPLYING FOR A PERMIT MUST SUBMIT A COMPLETE EXECUTED COPY OF THEIR CONTRACT AND INSURANCE FOR THE PROPOSED WORK BEFORE THE PERMIT IS ISSUED.

18. Total cost of the proposed demolition operation of labor and materials:

\$ \_\_\_\_\_

19. Contractor Identification - To be completed by all applicants. **(To be filled out in full)**

City of Scranton Contractor's License Number \_\_\_\_\_

Contractor's PA Registration Number \_\_\_\_\_

Contractors/Business Scranton Single Tax Office Account Number \_\_\_\_\_

Contractor's Name (Not Business Name) \_\_\_\_\_

Contractors Address \_\_\_\_\_

Contractor's Business Name \_\_\_\_\_

Contractor's Phone Number \_\_\_\_\_

20. Detailed description of demolition work being performed: (Be Specific)

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21. Is there a dumpster for this job on the street? Yes No (# of Days \_\_\_\_\_)

*(If yes, an additional dumpster permit is required. The cost is \$10.00 per day).*

**\*\*NOTE: ALL WORK SHALL COMPLY WITH THE PENNSYLVANIA UNIFORM CONSTRUCTION CODE, ACT 45 OF 1999\*\***

**THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ADANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.**

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I swear or affirm that my statements and answers above are true and complete to the best of my knowledge and belief. I also realize that I will be subject to criminal penalties provided by 18 PA.C.C 4903 and 4904 if I have provided false answers and statements.

\_\_\_\_\_  
Signature of Contractor or Authorized Agent

\_\_\_\_\_  
Date

**\*\*NOTE: ALL WORK SHALL COMPLY WITH THE PENNSYLVANIA UNIFORM CONSTRUCTION CODE, ACT 45 OF 1999\*\***

**\*\*ALL PERMITS ARE TO BE FILLED OUT IN FULL. FAILURE TO DO SO MAY RESULT IN THE DENIAL OF THE PERMIT. \*\***

**\*\*NO WORK IS TO BE STARTED UNTIL APPLICANT RECIEVES AN APPROVED PERMIT AND IT IS POSTED AT THE JOB SITE. \*\***

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OFFICIAL USE ONLY

APPROVED: YES

NO

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ZONING OFFICER

APPROVED: YES

NO

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF BUILDING CODE OFFICIAL

*Comments:*

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