SOUTH NEWTON TOWNSHIP
CUMBERLAND COUNTY
Est. 1929

DEMOLITION PERMIT APPLICATION

PO BOX 11, 11 High Mountain Road
Walnut Bottom, PA 17266
(717) 530-7626
sntwp@kuhncom.net
www.southnewtontownship.net

Instructions: _Please complete all portions of this application that apply and attach any additional information to explain your request. Return the application along with the required fee of $100.00 (check or money order made payable to SOUTH NEWTON TOWNSHIP). Your application may be mailed to the address above or dropped off at the township office (if the office is closed, you may place your packet in the drop box located outside the office building). Any questions may be directed to the township by calling: 717-530-7626 or 717-360-4780 (township secretary)._

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1) Name of Applicant: _____

    Address: _____

    Phone #: _____

    Email: _____

2. Property subject to this request _(if different than #1):_ _____

3. Contractor Name: _____

    Address: _____

    Phone #: _____   Email Address: _____

4. Type of Demolition: ☐ Residential House   ☐ Mobile   ☐ Accessory Structure   ☐ Other

5. Square Footage of Demolition: _____

6. Description of proposed work: _____
_____
_____
_____

7. Approximate start date: _____   Approximate end date: _____

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Applicant: _____
          Please Print Name   _Signature_

Date: _____

AFFIDAVIT OF EXEMPTION WORKERS COMPENSATION INSURANCE

YEAR _____

The undersigned affirms that he/she is not required to furnish Workers Compensation Insurance under the provisions of the Pennsylvania's Workers Compensation law for one of the following reasons:

☐ Property owner is performing the work. If property owner does hire a contractor to perform any work pursuant to the Building Permit, Contractor must provide proof of Workers Compensation Insurance to the municipality. Homeowner shall be liable for Contractor compliance with this requirement.

☐ Contractor has no employees. Contractor prohibited by law from employing any individual to perform work pursuant to the Building Permit unless Contractor provides proof of insurance to the municipality.

☐ Religious Exemption under the Workers Compensation law applies. All employees of the Contractor are exempt from the Workers Compensation Insurance (attach copies of religious exemption letters from all employees).

Applicant: _____

                    Please Print Name   *Signature*

Date: _____

Witness: _____ Date: _____