



BOROUGH OF MEDIA
DEPARTMENT OF CODE ENFORCEMENT AND ZONING
301 N JACKSON STREET, 2ND FLOOR
MEDIA, PA 19063
610-566-5210
Fax 610-566-0335
jim_jeffery@mediaborough.com

Conditions for Demolition Permit

1. Permit holder shall notify Code Enforcement Department at least seventy-two (72) hours prior to the start of any demolition to allow final advance notice to neighbors and to assure that erosion and sedimentation control facilities have been properly installed.
2. Notice of intent shall be delivered to adjacent property owners per Section 3303 *Demolition* of the 2006 ICC International Building Code.
3. Per section 3307 of the 2006 ICC International Building Code, appropriate measures will be taken to protect adjacent structures from damage or injury during demolition of existing buildings.
4. Borough streets may not be closed or occupied for demolition purposes without written permission of the Code Enforcement Director.
5. Water will be applied as necessary to property under demolition to minimize dust.
6. Erosion control fencing will be erected to prevent runoff of soil from property under demolition. Super silt fencing is the standard unless otherwise authorized by the Code Enforcement Director.
7. Standard construction chain link protective fencing shall be erected around demolition operations including any excavation created by the demolition.
8. All waste materials shall be removed in a manner which prevents injury or damage to persons, adjoining properties and public rights-of-way.
9. Per 3303.4 of the 2006 ICC International Building Code, the vacant lot created by demolition operations shall be filled and graded to prevent accumulation of water. Where the backfill is intended to be permanent, tamping must occur in appropriate lifts to assure a stable finished grade. Finished grade must be established with a minimum of one foot of virgin topsoil.
10. An asbestos certificate upon the letterhead of a PADEP licensed asbestos removal contractor verifying the status of asbestos in and on the structure must be provided to the Code Enforcement Director. If asbestos is present in the building,

it must be removed and disposed of in compliance with the Pennsylvania Department of Environmental Protection regulations. If the structure is determined to be asbestos free, then a statement to that effect upon the letterhead of a PADEP licensed asbestos removal contractor must be provided to the Code Enforcement Director.

11. All underground tanks must be removed per Section F-33404.2.13, *Abandonment of Storage Tank Systems* of the 2006 ICC International Fire Prevention Code. Soil remediation and appropriate restoration of the excavation must be accomplished.
12. Provide the Code Enforcement with proof that all utilities have been abandoned to the standards of the respective utility. Specific attention is directed to capping of sewer lateral(s) to prevent future site subsidence.
13. Premises shall be exterminated to eliminate any vermin and rodents that may be residing in the premises. A PADEP licensed exterminator shall be employed for this service and shall furnish to the Code Enforcement Director a certificate indicating that the required extermination has been completed in an effective and lawful manner.

(revised 05/2017)

DEMOLITION PERMIT CHECK LIST

Site Address: _____

Contractor: _____

Application Date: _____

	Yes/No	Date
Notice of intent to demolish delivered to adjacent owners		
Protective measures taken for adjacent structures		
Water available on site to minimize dust		
Erosion control fencing in place		
Site protective fencing erected		
Asbestos certificate received		
Underground tanks removed in PADEP compliant manner		
Certificates of utility abandonment received: Electric Gas Water		
Certificate of extermination received		

NOTES: _____

e collect +

MEDIA BOROUGH

To be filed with:

BUSINESS PRIVILEGE / MERCANTILE TAX REGISTRATION

MEDIA BOROUGH
E-COLLECT PLUS
804 FAYETTE STREET
CONSHOHOCKEN, PA 19428

Instructions & Deadline: Complete the following and enclose a check or money order in the amount of \$50 (per location) payable to "Media Borough". A separate license is necessary for each place of business. New, seasonal, transient or itinerant businesses must secure a license before commencing business operations. This application is separate from and does not replace the Business Privilege / Mercantile Tax Return which is due annually. License Fee Due: \$50.00

Your canceled check for the Business Privilege / Mercantile Tax Return and this registration copy shall be proof of registration.

License Year: _____

Business Start Date: _____

Legal Name of Business: _____

Trade Name (d/b/a): _____

Mailing Address: _____

Physical Address: (If different from Mailing Address)

Telephone: _____

Fax: _____

Email Address: _____

Total Number of Employees: _____

Federal Employer Identification No.: _____

Business Location(s): _____

Nature of Business: _____

Business Organization Type (check one)

[] Sole Proprietorship [] Partnership [] Corporation (PA Entity No. _____)

[] Other (Describe: _____) [] Non Profit/Religious/Charitable

I hereby certify under the penalties provided by law that all statements made herein are to the best of my knowledge and belief true, correct and complete.

Applicant's Signature: _____

Printed Name: _____

Date: _____

Telephone: _____

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E)	<input type="checkbox"/> Plumbing (P)		Is Owner Applicant (Y/N)
	<input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Other (O) (See Item 9)			

1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type	<input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)	

2. OWNER INFORMATION

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

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

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 authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or 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 NO.
------------------------	---------	-----------

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	PHONE NO.
---------------------------------------------	-----------

No. Street

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE:			
Plan Number		ASSEMBLY	INSTITUTIONAL	<input type="checkbox"/> OTHER (24)	
IMPROVEMENT TYPE:	<input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR / REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (9) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)	<input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5)	<input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14)	PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM	
		<input type="checkbox"/> BUSINESS (6)	<input type="checkbox"/> MERCANTILE (15)	<input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI-FAMILY (17) <input type="checkbox"/> BOCA TWO FAMILY (18) <input type="checkbox"/> CABO TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> CABO SINGLE FAMILY (21)	
		EDUCATIONAL	RESIDENTIAL		
		<input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8)	<input type="checkbox"/> MODERATE HAZARD (22) <input type="checkbox"/> LOW HAZARD (23)		
		FACTORY	STORAGE		
		<input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10)	<input type="checkbox"/> MODERATE HAZARD (22) <input type="checkbox"/> LOW HAZARD (23)		
		<input type="checkbox"/> HIGH HAZARD (11)			
Structural (check that applicable)			Exterior (Check those applicable)		
Frame			Walls		
<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)			<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)		
Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Street Frontage (Feet)		Stories (Number)		Lot Area (Sq. feet)	
Front Setback (Feet)		Bed Rooms (Number)		Building Area (Sq. feet)	
Rear Setback (Feet)		Full Baths (Number)		Parking Area (Sq. feet)	
Left Setback (Feet)		Partial Baths (Number)		Living Area (Sq. feet)	
Right Setback (Feet)		Garages (Number)		Basement Area (Sq. feet)	
Height Above Grade (Feet)		Windows (Number)		Garage Area (Sq. feet)	
New Residential Units (Number)		Fireplaces (Number)		Office/Sales (Sq. feet)	
Existing Residential Units (Number)		Enclosed Parking (Number)		Service (Sq. feet)	
Elevators / Escalator (Number)		Outside Parking (Number)		Manufacturing (Sq. feet)	
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____		Building Est. Value \$ _____	

6. ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service _____ AMPS		Number of Circuits: 2 WIRE 3 WIRE 4 WIRE			Number of Service Outlets: 110V 220V	
	POWER DEVICES	No.	OUTPUT/LOAD		POWER DEVICES	No.
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 Fixtures Being Installed, Replaced or Repaired			
Tubs/Showers		Drinking Fountains	
Shower Stalls		Floor Drains	
Lavatories		Water Heaters	
Toilets		Water Softeners	
Urinals		Sewage Ejectors	
Sinks		Sump Pumps	
Laundry Tube		Grease Traps	
Dishwashers		Bidets	
Garbage Disposals			
Public Water (Y/N)		Public Sewer (Y/N)	
Water Service Size _____ IN.		Water Meter Size _____ IN.	
Utility Service Revisions:		Avg. Daily Water Use _____ GPD	
Est. Start ____/____/____		Est. Finish ____/____/____	Plumbing Work Est. Value \$

8. MECHANICAL PERMIT APPLICATION

Mechanical Work Yes No

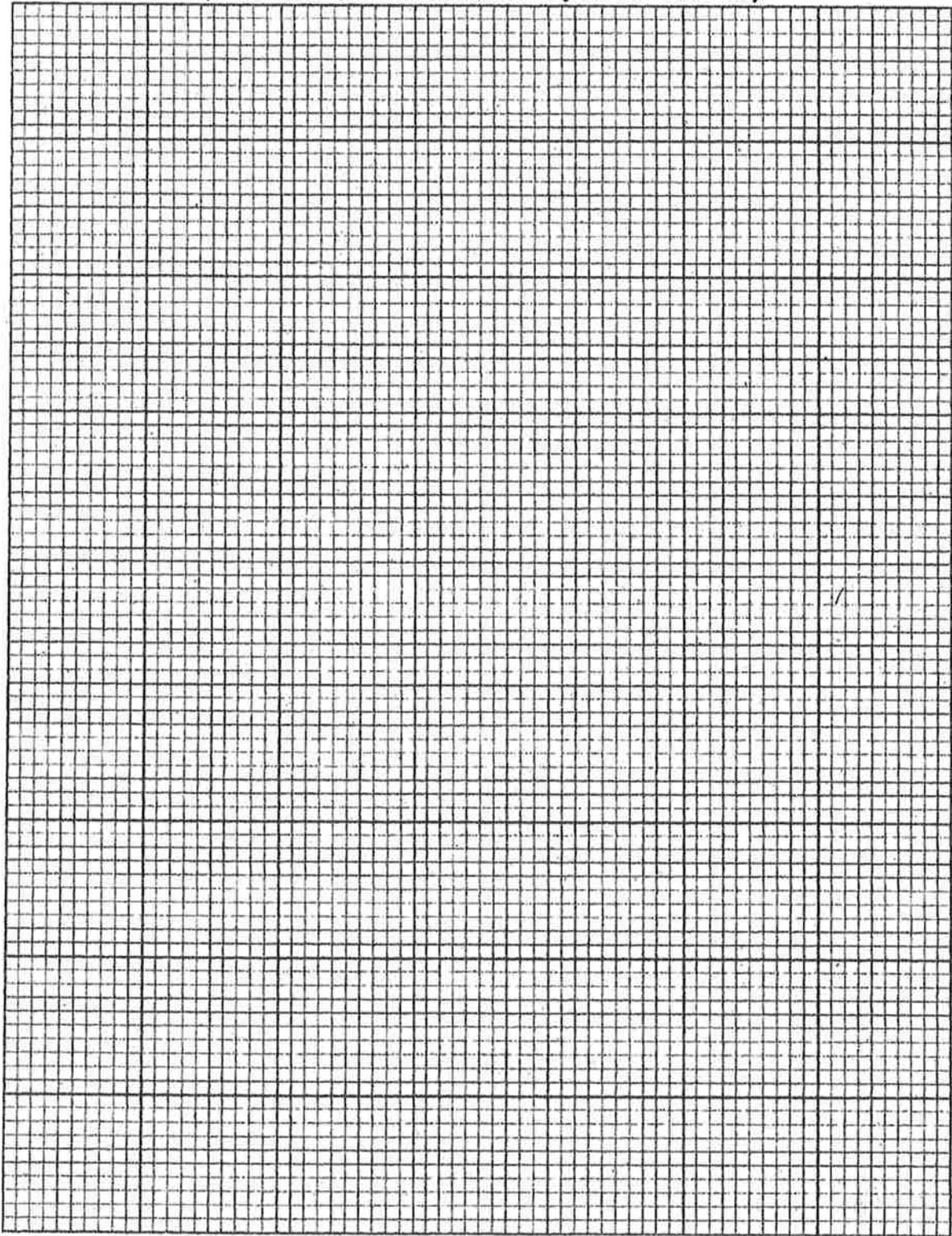
Enter Number of New or Replacement Units			
Forced Air Furnace		Inclinator	
Unit Heater		Boiler	
Gas/Oil Conversion		Coil Unit	
Space Heater		Window A/C Unit	
Gravity Furnace		Split System A/C	
Solid Fuel Appliance		A/C Compressor	
Utility Service Revisions:			
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)			
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. SITE PLAN

(Show lot lines, easements and work layout and dimensions)



SCALE = 1 Inch = _____ FEET

11. DATA ENTRY

Application Received: / /
 By: _____
 Application Reviewed: / /
 By: _____
 Data Entry: / /
 By: _____

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE _____ LOWEST FLOOR ELEVATION _____
 FLOOD ZONE _____ BASE FLOOD ELEVATION _____

13. ZONING PLAN EVALUATION

ZONING DISTRICT _____ MAP NUMBER _____
 LOT AREA (From Page 2) _____ LOT COVERAGE (%) _____
 LOT AREA PER ROOM _____ ENCROACHMENTS _____
 OFF STREET PARKING SPACES, REQUIRED _____ PROVIDED _____
 LOADING SPACE _____
 SIGNS; NUMBER _____ SIZE OF EACH SIGN _____
 PLANNING COMMISSION APPROVAL REQUIRED _____
 BOARD OF ZONING APPEALS APPROVAL REQUIRED _____

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
TOTAL		\$	TO BE ENTERED ON PART 16				

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

17. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
		Health and Sanitation	
		Water	
		Architectural Review	
Fire			
Public Works			
Zoning Planning			
Environmental Management			

18. VALIDATION

	Date	Number	Permit/Insp. Fee
Building Permit			
Electrical Permit			
Plumbing Permit			
Mechanical Permit			

Plan Review Fee (From Part 14)

Certificate of Occupancy Fee

Other Fee

TOTAL FEES

Prepared By: _____ Date: _____

Approved By: _____ Title: _____