



CITY OF EASTON

BUREAU OF CODES AND INSPECTIONS

2nd Floor, 123 South Third Street, Easton, PA 18042

phone (610) 250-6724 - fax (610) 250-6607 – email codes@easton-pa.gov

SCAFFOLDING PERMIT APPLICATION

Application to Erect and/or Maintain Scaffolding

The undersigned is applying for a scaffolding permit and hereby agrees to abide by the standard all terms and conditions stated in this Application.

1. Site Address: _____

2. Building Owner Name: _____ Contact Person: _____

Address for Contact Person: _____ City/State/Zip _____

Telephone _____ Mobile _____

Email Adress: _____

3. Scaffolding Contractor Company Name: _____

Contact Person: _____

Company Address: _____ City/State/Zip _____

Telephone _____ Mobile _____

Email Address: _____

4. Period of time Scaffolding will take place: (Day/Mo/Yr) From: _____ To: _____

5. Describe in detail the schedule for all Scaffolding work: _____

6. Purpose of Scaffolding work (describe in detail) _____

7. Number of Scaffolds to be Erected: _____

8. Type and make of Scaffolding: _____

9. Size and Dimensions: (length) _____ (width) _____ (height) _____ (weight) _____

10. Contractor's Insurance Co.: _____

Policy # _____ Phone # _____

11. Building Owner's Insurance Co.: _____

Policy # _____ Phone # _____

TERMS AND CONDITIONS

1. Term/Fee: Scaffolding permits shall be effective for a period of six (6) months from the date of issuance or for a period equal to that specified in any building permit issued to the building where the scaffolding is erected. The permit may be renewed for a period of three (3) months with the filing of a renewal application.
2. Insurance: Prior to obtaining a Scaffolding Permit, Contractor must obtain Comprehensive General Liability Insurance in an amount equal to or exceeding \$1,000,000.00 which shall list the City of Easton, its officers, employees, agents as additional insured. The original insurance certificate shall remain at the scaffold site at all times and shall be produced upon request by all employees and/or agents of the City of Easton. The insurance coverage shall remain in effect at all times that the scaffolding is present on the site.
3. Transferability or Change in Ownership or Contractor: Scaffolding permits are NOT transferable. Any change in Contractor or Owner must be approved by the City of Easton.
4. Violations: Violation of the Scaffolding Ordinance or any of these Terms and Conditions will result in revocation of permit; and shall, upon conviction, be fined not more than \$1,000.00 or imprisoned not more than ninety (90) days or both. Each day's violation shall constitute a separate offense.

I hereby certify: (1) that all information and assertions made on this Permit Application are true and correct, (2) that I am familiar with all laws, rules and standards applicable to the scaffolding proposed in this application; (3) that all work will be or has been done as defined by the most recent scaffolding standards as published by the Occupational Safety and Health Administration (OSHA); (4) The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. The applicant certifies he/she understands all the applicable codes, ordinances and regulations. I certify that the code administrator or the code administrator'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 Owner or Authorized Agent

Date

<i>office use only</i>	
Fee \$ 50.00	Permit No.
Total	Date Issued

REVIEWED: *APPROVED* *DENIED*

_____ *Building Code Official* *Date*

COMMENTS: _____
