



DEMOLITION PERMIT APPLICATION*

*Application will not be considered complete, and therefore not processed, if proof of Workers Compensation Insurance or a notarized Workers Compensation Insurance Exemption form does not accompany this submission.

LOCATION OF DEMOLITION: _____

ZONE: _____ MAP: _____ PARCEL # _____ LOT # _____

PLEASE DESCRIBE DEMOLITION PROJECT: _____

Property Owner: _____

Property Owner Address: _____

()
Telephone Number E-mail Address

Applicant**: _____

Applicant Address: _____

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Telephone Number E-mail Address

Demolition Company: _____

Company Address: _____

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Telephone Number E-mail Address

**IF APPLICANT IS NOT THE PROPERTY OWNER, WRITTEN AUTHORIZATION TO ACT ON THE OWNER'S BEHALF MUST BE INCLUDED WITH THIS ZONING PERMIT APPLICATION FOR LOCATING IN A FLOOD PLAIN.

IT IS STRONGLY RECOMMENDED THAT PA ONE CALL BE NOTIFIED AT 811 BEFORE YOU DIG.