## Demolition Permit Application NOTE: A final inspection is required in order to be removed from the tax roll

Tax Parcel #			
Municipality	County:	Date:	
Site Address:	CITY	ZIP	
Owner:	Phone #	Cell #	
Mailing Address:	CITY	ZIP	
Email Address:			
Principal Contractor:	Phone # <sub>-</sub>		
Contractor's Address:	Cell Phon	ne	
TYPE OF WORK	□ Residential	□ Commercial	
(Required) Square Footage of Str	ucture #		
Description of Demolition Project	<u>2t</u>		
Has the contractor or individual (not required for residential) Has the contractor provided pro Has the PA one call been made  NOTE: The contractor or individual is respective contractor or individual agrees The contractor or individual is respective contractor or individual is respective.	☐ YES — required for ALL corporations are poper insurance? ☐ YES (Report of the poper insurance) ☐ YES (Report of the poper insurance of	mmercial structures (atta equired for all contractors ed) 1-800-242-1776   cisting grade. in an approved and accepted apping (if applicable) all utilities	ach original) s, please attach) YES d manner. es.
CONTRACTOR CERTIFICATION The applicant certifies that all information construction documents and PA ACT Municipality. The property owner and a flood areas, etc. Issuance of a permit any provisions of the codes or docume understands all the applicable codes, of Application for a permit shall be made professional employed in connection with the application of the connection with the application for a permit shall be made professional employed in connection with the application of the connection with the application of the connection with the application of the	on on this application is correct and 45 Uniform Construction Code, and applicant assumes the responsibility and approval of construction documents or ordinances of the municipality ordinances, c and regulations. by the owner or lessee of the building by the owner or lessee of the building.	any additional approved buildir of locating all property lines, se ents shall not be construed as a ty or any other governing body.	ng code requirements adopted by the etback lines, easements, right of way, authority to violate, cancel or set aside The applicant certifies he/she
I certify that the code admini- authority to enter areas cove code(s) applicable to such pe	ered by such permit at any	-	
Signature of Owner or Authorize	ed Agent Print	Name of Owner or Author	rized Agent