**Demolition Permit Application** 

Municipality	County:	Date:
Site Address:	CITY	ZIP
Owner:		
Mailing Address:		
Principal Contractor:	Phone #	
Contractors Address:	Cell Phone	
TYPE OF WORK		
□ Residential □ Commercial		
Description of Demolition Project		
Has the contractor or individual completed and (not required for residential)	d attached a SIGHNED ed for ALL commercial	asbestos Abatement form? structures (attach original)
Has the contactor provided proper insurance?	□ yes ( Required for a	all contractors, please attach)
Has the PA one call been made? (required if	soil is disturbed) 1-800-	-242-1776 □ YES
NOTE: The contractor or individual is responsible to fi The contractor or individual agrees to dispose The contractor or individual is responsible for	of all waste materials in	an approved and accepted manner.
NOTE: DEP requires a 2 week advanced not commercial projects)	ice before demolition m	ay begin (asbestos abatement for all
CONTRACTOR CERTIFICATION Number _		
The applicant certifies that all information on this applica "approved" construction documents and PA ACT 45 Un requirements adopted by the Municipality. The property lines, setback lines, easements, right of way, flood area not be construed as authority to violate, cancel or set as municipality or any other governing body. The applicant regulations.  Application for a permit shall be made by the owner or I design professional employed in connection with the pro-	y owner and applicant assumes, etc. Issuance of a permit side any provisions of the contract certifies he/she understand essee of the building or structure.	nes the responsibility of locating all property and approval of construction documents shaldes or documents or ordinances of the ds all the applicable codes, ordinances and
I certify that the code administrator or the	trator's authorized represent	ative shall have the authority to enter areas e(s) applicable to such permit.
Signature of Owner or Authorized Agent	Print Name of Owner	or Authorized Agent