

PLUMSTEAD

TOWNSHIP

5186 Stump Rd
Box 387
Plumsteadville, PA 18949



215-766-8914
FAX - 215-766-9831

DEMOLITION PERMIT APPLICATION

ZONING DISTRICTS VC AND VR AND HISTORIC RESOURCES ARE SUBJECT TO TOWNSHIP REVIEW

1. SITE OF DEMOLITION: TAX PARCEL NO. _____

ADDRESS: _____

2. OWNER OF RECORD (If corporation, list corporation's name and address and names of two officers):

CORPORATION: _____ PHONE NO. _____

ADDRESS: _____

OFFICER'S NAME: _____ PHONE NO. _____

3. TYPE OF STRUCTURE TO BE DEMOLISHED (give brief description):

4. NUMBER OF STRUCTURE(S) TO BE DEMOLISHED: _____

5. IS DEMOLITION BEING CARRIED OUT IN CONJUNCTION WITH A ZONING PERMIT, LAND DEVELOPMENT OR SUBDIVISION? YES _____ NO _____

IF YES PLEASE FURNISH THE NAME OF THAT PROJECT:

ZONING PERMIT: _____

LAND DEVELOPMENT: _____

SUBDIVISION: _____

THE UNDERSIGNED AGREES TO REMOVE ALL DEMOLITION DEBRIS FROM THE SITE.
THE UNDERSIGNED REPRESENTS THAT TO THE BEST OF HIS/HER KNOWLEDGE, ALL OF THE ABOVE STATEMENTS ARE TRUE, CORRECT AND COMPLETE.

DATE

SIGNATURE OF OWNER OF RECORD/APPLICANT/AGENT

PART II (to be completed by Township):

DATE _____

FEE _____

PERMIT NO. _____

TOWNSHIP ZONING OFFICER

DIRECTOR OF LAND USE & PRESERVATION