

# Caernarvon Township

Main and Chestnut Streets  
P.O. Box 294  
Morgantown PA 19543

Code Enforcement Department

Permit No. \_\_\_\_\_

## Application For DEMOLITION OF a Building or Structure

Rev. 3 (August 2009)

### **PART A: To Be Completed By Owner/Applicant**

Name Of Owner:	Address:	
Phone No:		
Name Of Applicant, If Other Than Owner:	Address:	
Phone No:		
Name of Contractor:	Address:	
Phone No:		
Property Location:		
Subdivision Name:	Lot No:	Lot Area:
Tax PIN:	Zoning District:	

### **DEMOLITION INFORMATION:**

Type of Structure to be Removed: \_\_\_\_\_

Will Explosives Be Used? \_\_\_\_\_ If YES, A Blasting Permit Will be Required.

Will you Need Traffic Control; Fire Department Standby; Police Assistance; Or, Any Other Safety Measure to Ensure the Health, Safety and Welfare of the Residents and General Public? If YES, Please Explain Below: \_\_\_\_\_

Was any portion of this structure built prior to January 1, 1940? \_\_\_\_\_

If YES, the Applicant is required to contact the Township's Historical Documentation Agency.

Explain The Procedure to Be Used to Raze the Structure: \_\_\_\_\_

Cost of Project: \$ \_\_\_\_\_

### **STATEMENT BY APPLICANT:**

As the property owner and responsible party for the razing of the above-mentioned structure, I do hereby certify that the information provided by me on this application is true and correct. I/we agree that the Township shall not be held liable or responsible for any damages by granting of a Demolition Permit to raze this structure. I/we understand that once the permit review process has begun I am responsible for paying the cost of the permit, irrespective of whether I actually use the permit or not. I/we agree to be liable for all costs required to collect said fee(s).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

### **PART B: TO BE COMPLETED BY THE ZONING OFFICER**

**Fees:** Demolition Permit: \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Fire Code Permit: \$ \_\_\_\_\_ Permit No.: \_\_\_\_\_ Date Paid: \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

### **Approval/Denial:**

Application Approved Permit Expiration Date: \_\_\_\_\_

Application Denied

Reason(s) for Denial: \_\_\_\_\_

Zoning Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_