

# 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. 2 (October 2005)

### **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? <span style="float: right;">If YES, A Blasting Permit Will be Required.</span>
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 Genral 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 agree that the Township shall not be held liable or responsible for any damages by granting of a Demolition Permit to raze this structure.

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

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

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

<b>Fees:</b>	Demolition Permit: \$ _____	Check No. _____
	Fire Code Permit: \$ _____	Permit No.: _____
	TOTAL DUE: \$ _____	Date Paid: _____

### **Approval/Denial:**

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

[ ] Application Denied

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

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