APPLICATION FOR DEMOLITION PERMIT
Mount Pleasant Township, Washington County, PA

Mt. Pleasant Township
31 McCarrell Road
Hickory, PA  15340
Phone:  724-356-7974
Fax:       724-356-7751

Demolition Permit

Demolition Permit No. ___________________

Demolition Permit

Permit Fee
PAYABLE TO MT. PLEASANT Twp.
Consult current fee schedule
Paid by Cash or by Check No. _____
Amount Paid $____________
Received by __________________
Date _____________

APPLICANT INFORMATION (FINANCIALLY RESPONSIBLE PARTY)

DATE _______________________

APPLICANT’S NAME______________________________________  PHONE # ______________________

OWNERS NAME__________________________________________ PHONE # ______________________

ADDRESS (NO PO BOX):__________________________________________________________________

CITY:____________________________________________________ STATE:________ ZIP ____________

PROPERTY INFORMATION: Address ___________________PARCEL I.D. NUMBER: 460-___________________

ZONING DIST: Agricultural (A-1) ☐, Highway Commercial (B-1) ☐, Light Industrial (M-1) ☐, Rural Residential (R-1) ☐,
Suburban Residential (R-2) ☐, Neighborhood Residential (R-3) ☐, Neighborhood Core (R-4) ☐

DESCRIPTION OF THE STRUCTURE TO BE DEMOLISHED: __________________________________________

Demolition Company’s Name: _____________________________________ADDRESS: ____________________

CITY: ___________________________ STATE: _____ZIP: ________PHONE:(______)___________

Workers Compensation Information: Fax copy to 724-356-7751 indicating this permit number.

PERMIT AGREEMENT

Demolition permits are valid for 90 days from the date of issue. No burning of demolition debris is permitted.
All debris must be removed and hauled to an authorized landfill. No debris is to be left on site. Land must be graded, and
seeded after demolition is complete.

I hereby agree that all applicable provisions of the Township Codes, the Energy Conservation Act 222 of 1990 and the 2004
Uniform Construction Code shall be complied with. I am fully aware of the U.S. Department of Labor, Occupation Safety and
Health Administration (OSHA) standards and understand that I must comply with these standards for the duration of my
demolition project. I certify that the information provided in this application package is true and correct.

APPLICANT / AGENT SIGNATURE  PRINT NAME                  DATE
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(FOR MUNICIPAL USE ONLY)

DEMOLITION PERMIT APPLICATION  ☐ APPROVED  ☐ DENIED  PERMIT # ______________

APPROVED BY:______________________________ DATE:________________________

4/16/08