

APPLICATION FOR DEMOLITION PERMIT

Mount Pleasant Township, Washington County, PA

Mt. Pleasant Township 31 McCarrell Road Hickory, PA 15340 Phone: 724-356-7974 <hr/> Fax: 724-356-7751	<h3 style="margin: 0;">Demolition Permit</h3> <p style="margin: 5px 0;"><u>Permit Fee</u></p> <p style="margin: 5px 0;"><u>PAYABLE TO MT. PLEASANT Twp.</u></p> <p style="margin: 5px 0;">Consult current fee schedule</p> <p style="margin: 5px 0;">Paid by Cash or by Check No. _____</p> <p style="margin: 5px 0;">Amount Paid \$ _____</p> <p style="margin: 5px 0;">Received by _____</p> <p style="margin: 5px 0;">Date _____</p>	<h3 style="margin: 0;">Demolition Permit No.</h3> <p style="margin: 10px 0;">_____</p>
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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
(FOR MUNICIPAL USE ONLY)		
DEMOLITION PERMIT APPLICATION <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		PERMIT # _____
APPROVED BY: _____		DATE: _____