

# APPLICATION FOR DEMOLITION PERMIT

## Mount Pleasant Township, Washington County, PA

<b>Mt. Pleasant Township</b> 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;"><b><u>PAYABLE TO MT. PLEASANT Twp.</u></b></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.***

<b>APPLICANT / AGENT SIGNATURE</b> *****	<b>PRINT NAME</b>	<b>DATE</b>
<b>(FOR MUNICIPAL USE ONLY)</b>		
<b>DEMOLITION PERMIT APPLICATION</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		<b>PERMIT #</b> _____
APPROVED BY: _____		DATE: _____