

Caernarvon Township

3307 Main Street
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?	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 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

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

Approval/Denial:

<input type="checkbox"/> Application Approved	Permit Expiration Date: _____
<input type="checkbox"/> Application Denied	
Reason(s) for Denial: _____	

Zoning Officer's Signature: _____

Date: _____