

DEMOLITION PERMIT APPLICATION

CAERNARVON TOWNSHIP

Date Issued _____

Date Expires _____

Name _____

Address _____

Site Address _____

Phone Number _____ Tax Map Number _____

Zoning District _____

Description and size of building to be removed _____

Signature of Applicant _____

Issuing Township Official _____

Fee Paid By: Cash _____

Check # _____

All demolition must be completed in accordance with Township Codes and Ordinances.

No. _____