

MAXATAWNY TOWNSHIP
 127 QUARRY ROAD, SUITE 1
 KUTZTOWN, PA 19530

PHONE: 610-683-6518
 FAX: 610-683-3518

APPLICATION FOR DEMOLITION PERMIT

LOCATION OF PROPOSED WORK _____ PARCEL #: _____

PROPOSED WORK _____

TWO (2) SETS OF PLANS, PLOT PLAN, AND SPECIFICATIONS SHALL BE SUBMITTED WITH THIS APPLICATION IN CONFORMITY WITH 403.42a AND 403.62a OF PA TITLE 34 UNLESS WAIVED BY THE TOWNSHIP CODE ENFORCEMENT OFFICER. – ASBESTOS ABATEMENT RECORD REQUIRED WHERE APPLICABLE.

	NAME	ADDRESS	PHONE
OWNER	_____	_____	_____

EMAIL	_____		
CONTRACTOR	_____	_____	_____

ENGINEER	_____	_____	_____
ESTIMATED COST OF DEMOLITION: \$ _____			
(Include all proposed demolition: Building, Plumbing, Mechanical, Electrical, Tanks, Site Restoration)			
INCOMPLETE APPLICATION SHALL BE REJECTED			
I certify that I am the owner of the construction site or the authorized agent of the owner and make this application and agree that all work shall comply with the Uniform Construction Code, PA Act 45, PA Title 34, and all applicable chapters.			
NOTE: DEMOLITION APPLICATIONS MAY BE SUBJECT TO HISTORIC COMMISSION REVIEW.			
AGE OF STRUCTURE PROPOSED TO BE DEMOLISHED _____ 100 YEARS OLD _____ LESS THAN 100 YEARS _____			
_____ APPROX. YEAR CONSTRUCTED			
PRINT NAME	_____	SIGNATURE	_____
			DATE _____

DO NOT WRITE BELOW THIS LINE

APPLICATION FEE \$ _____ CHECK# _____ DATE PAID _____ RECEIVED BY _____

SUBMITTED DOCUMENTS:	YES	NO	N/A	REQUIRED
PLANS:	_____	_____	_____	_____
SPECIFICATIONS	_____	_____	_____	_____
WORKER'S COMP INS	_____	_____	_____	_____
CERTIFICATE OF INS.	_____	_____	_____	_____
ZONING APPROVAL	_____	_____	_____	_____
APPLICATION COMPLETE	_____	_____	_____	_____
RETURNED BY: _____	DATE: _____			