

DEMOLITION RELEASE APPLICATION

MUNICIPALITY: _____ PERMIT #: _____

PROPERTY ADDRESS: _____

OWNER: _____

ADDRESS: _____

USE OF BUILDING: RESIDENTIAL COMMERCIAL OTHER

NUMBER OF STORIES: _____ TYPE OF CONSTRUCTION: _____

DIMENSIONS OF BUILDING: _____ DIMENSIONS OF LOT: _____ TOTAL SQ.FT.: _____

DATE ACTUAL DEMOLITION IS TO BEGIN: _____

PA 1 CALL SERIAL #: _____ DATE CALLED: _____

Preliminary Arrangements for Issuance of Demolition Permit

SIGNATURE OF OWNER: _____ x _____ DATE: _____

INSURANCE COMPANY: _____ POLICY # _____

Utilities Released *(signatures required)*

PPL: _____ x _____ DATE: _____

UGI: _____ x _____ DATE: _____

PHONE SERVICE: _____ x _____ DATE: _____

CABLE TV: _____ x _____ DATE: _____

ADJOINING PROPERTY OWNERS *(must be notified of intent to raze)*

_____ x _____ DATE: _____

_____ x _____ DATE: _____

SEWER DISCONNECT: PUBLIC PRIVATE: _____

WATER DISCONNECT: PUBLIC PRIVATE: _____

DEMOLITION CONTRACTOR OR AUTHORIZED AGENT: _____

ADDRESS: _____

BUILDING OFFICIAL'S SIGNATURE: x _____ DATE: _____