| PERMIT #: | ISSUE DATE: | PERMIT FEE: \$ 75.00 |
|-----------|-------------|----------------------|
|           |             |                      |

## **Clarendon Township**

Zoning Administrator Randy Shank

## **Application for Permit to Demolish Structure**

Location, ownership, and detail must be correct, complete, and legible.

Separate applications are required for every structure.

| Date:   |                   |  |  |  |
|---|-------------------|--|--|--|
| The undersigned hereby applies for a permit to demolish according the following described specification |                   |  |  |  |
| Location:   |                   |  |  |  |
| Address:  | Parcel #:         |  |  |  |
| Owner:  |                   |  |  |  |
| (Name)  | (Address)         | (Telephone #)                          |  |  |
| Contractor:   |                   |  |  |  |
| (Name)  | (Address)         | (Telephone #)                          |  |  |
| Type of Structure to be Demolished:   |                   |  |  |  |
| Size of Structure:  |                   |  |  |  |
| Number of Stories:  | Number of Roc     | Number of Rooms:                       |  |  |
| Foundation Description:   | Four              | nd. Disposal: ( ) On Site ( ) Off Site |  |  |
| Fire Dept. Approval (Oil Tank)  |                   | Date Issued:                           |  |  |
| Board of Health Permit # (if required):   |                   | Date Issued:                           |  |  |
| Police Dept. Approval (if required):  |                   | Date Issued:                           |  |  |
| Highway Dept. Approval (Bond if required):  |                   | Date Issued:                           |  |  |
| Remarks:  |                   |  |  |  |
| All utilities must be disc  |                   | • •                                    |  |  |
| Attach letters of   | disconnect from t | utility companies.                     |  |  |
| Permit must be obtained bef   | ore beginning der | molishing or work of any kind.         |  |  |
| Estimated Cost:   |                   |  |  |  |
| Signature of Owner of Authorized Representative   | /e:               |  |  |  |
| APPLICATION APPROVED BY:  |                   |  |  |  |