

TAX MAP \_\_\_\_\_ PARCEL \_\_\_\_\_

NAME OF PROPERTY OWNER \_\_\_\_\_

# APPLICATION FOR DEMOLITION PERMIT MONAGHAN TOWNSHIP

202 South York Road, Dillsburg, PA 17019 (717) 697-2132

### THIS SECTION FOR TOWNSHIP USE ONLY

Date Application Received \_\_\_\_\_

Date Application Complete \_\_\_\_\_

Date Application Incomplete \_\_\_\_\_

Approved By: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Demolition Permit No. \_\_\_\_\_ Date Issued \_\_\_\_\_

Total Demolition Permit Fee \$ \_\_\_\_\_

### OWNER INFORMATION:

Name of the Property Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address or Location of the Property (including Tax Map and Parcel): \_\_\_\_\_

### APPLICANT INFORMATION (if not owner):

Name of the Business: \_\_\_\_\_

Name of the Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

### CONTRACTOR INFORMATION:

Name of the Business: \_\_\_\_\_

Name of the Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

### PROPERTY INFORMATION:

Tax Map/Parcel: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Subdivision Number: \_\_\_\_\_

Lot Area: \_\_\_\_\_ Lot Coverage: \_\_\_\_\_

Ownership	Sewage	Water	Drainage	Road/Driveway
____ Private	____ On-Lot	____ Private	____ Adequate	____ Township
____ Public	____ Sewer	____ Public	____ Flood Plain	____ State
			(Yes/No)	____ Private

Sewer Provider \_\_\_\_\_

**PERMIT INFORMATION:**

Description of Work for Demolition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Est. Start \_\_\_/\_\_\_/\_\_\_      Est. Finish \_\_\_/\_\_\_/\_\_\_

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**NOTE: IF WORK IS BEING PERFORMED BY ANYONE OTHER THAN THE PROPERTY OWNER, A WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM IS REQUIRED FOR EACH CONTRACTOR OR SUB-CONTRACTOR OR A WAIVER OF COVERAGE MUST BE EXECUTED.**

**CERTIFICATION:**

I, as the applicant and property owner /agent for the property owner, understand that I shall proceed with demolition at my own risk and peril during the thirty (30) day appeal period allowed by Pennsylvania Statute, during which time the Township or any aggrieved citizen may appeal the issuing of any permit under this application. I agree to comply with all Ordinances of this Municipality as well as the Laws and Statutes of the Commonwealth of Pennsylvania, in regards and respect to any work that may be performed on any permit issued under this application.

I further certify that no proposed construction/use shall be located in Flood Hazard Areas nor in areas identified as wetland areas as defined by the Laws and Statutes of the Commonwealth of Pennsylvania.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICATION WILL BE REJECTED IF ALL REQUIRED MATERIALS ARE NOT SUBMITTED**