

DATE APPLICATION RECEIVED _____

APPLICATION NO. _____

TOWNSHIP OF SOUTH STRABANE
WASHINGTON COUNTY

550 WASHINGTON ROAD
WASHINGTON, PA 15301-9622

PHONE: (724) 225-9055
FAX: (724) 225-2035

APPLICATION FOR DEMOLITION PERMIT

Application is hereby made for a permit under the Building Ordinances of South Strabane Township, and in connection there with the following facts are to be true and correct:

1. The location of the building to be demolished is according to the attached plot of the lot showing the exact location of the proposed demolition. For identification purposes, said attached plot is signed by the applicant and becomes a part of this application.
2. The contract price or estimated cost of said demolition is: \$ _____
3. Worker's Compensation: Certificate of Insurance _____ or Affidavit of Exemption _____ (Check One)

Location of Property (Including Lot Number, Street and Plan) _____

Parcel Number: _____ Use of Property: _____ Zoning District: _____

OWNER _____ PHONE NO: _____ FAX NO. _____

ADDRESS _____

CONTRACTOR _____ PHONE NO: _____ FAX NO _____

ADDRESS _____

SOUTH STRABANE TOWNSHIP DEMOLITION PERMIT

Permit No. _____ Permit Fee: _____

Check No. _____ Date Paid _____

The Applicant hereby certifies that the facts stated in this application are true and correct and agrees that Official Notices may be mailed to him at the address below:

All Official Notices may be mailed to the Applicant at the following address:

Signature of Applicant

Address of Applicant (Type or Print)

(For Office Use Only)

Date Utilities Have Been Disconnected to Structure _____

Utilities Disconnected Verified by _____

Application Approved: _____

Date

(Authorized Person)