PARADISE TOWNSHIP Zoning and Codes Office Phone: 353-3893

DEMOLITION PERMIT APPLICATION

	LOCATION OF DEMOLIT	TION PROJECT	
Site Address:			
Tax Parcel Number:	Lot Number:	Subdivision:	
Property Owner(s):	2		
Owner's Address (If different th	an Site Address)		
Owner's Phone:	Cell:	Email:	
]	DESCRIPTION OF WHAT IS T	O BE DEMOLISHED	
Specify/Explain:			
	REASON FOR DEM	OLITION	
Specify/Explain:			
	DEMOLITION CONTRACTO	R INFORMATION	
Contractor:		Phone:	
Contact Person:		Phone:	

CONDITIONS REQUIRED FOR DEMOLITION

All debris must be stabilized. All debris transported to other locations will be the sole responsibility of the owner(s). All clean-up and/or mitigation of the demolition site is the sole responsibility of the owner(s). All demolition debris removed from the property must comply with Federal, State and/or County codes for or regarding proper disposal.

CERTIFICATION

The owner of this property and the undersigned agree to conform to all State, Federal and Local laws and ordinances of Paradise Township. I also certify that the proposed demolition is authorized by the property owner of record and that I have been authorized by the owner to make the application as their authorized agent.

I understand that other permits may be required by the County, State and/or other agencies, and it is my responsibility to obtain any other required permits prior to the start of demolition. I understand that this application is for demolition related work only, and any work requiring inspection(s), or construction, and/or renovation work may not be performed under this application.

Signature of Applicant/Representative:	Date:	
Print Name:	Title/Rep:	

Date Received:	Approved By:	Date:	Permit No.: