

# MILFORD TOWNSHIP Application for a Demolition Permit

Recvd \_\_\_\_\_

### 1. OWNERS INFORMATION

First Name _____	Last Name _____
Project Address _____	Zip _____
I authorize Township officials and / or engineers to enter the property for site inspections  Owners Signature: _____  Date: _____	Phone Home _____  Cell _____  E-mail _____

### 2. CONTRACTORS INFORMATION

	NAME	ADDRESS	LICENCE NO.
Contractor			
Certificate of Insurance Provided ( ) yes ( ) no			

I hereby certify that the proposed work is authorized by the owner and agree to conform to all applicable building codes / zoning laws.

Contractors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. PROJECT DESCRIPTION

<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Barn	Project Cost \$ _____
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Business	
<input type="checkbox"/> Garage	<input type="checkbox"/> Other (Be Specific) _____	
<input type="checkbox"/> Shed	SIZE Length _____ Width _____ Height _____ Total Square Footage _____ <u>Water</u> Public <input type="checkbox"/> Private <input type="checkbox"/> <u>Sewer</u> Public <input type="checkbox"/> Private <input type="checkbox"/> <u>Electric</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	

#### ALL APPLICATIONS MUST BE ACCOMPANIED BY THE FOLLOWING

Failing to provide all the needed info. will result in a returned permit prolonging the issuance.

<input type="checkbox"/> <u>Plot Plan</u> : Showing the location of the building being demolished.  <input type="checkbox"/> <u>Certificate of Insurance</u> : If not installed by the homeowner, Pa state law requires contractors to provide proof of insurance.	
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## REQUIRED INSPECTIONS

(Calls must be made 24 hours in advance for inspections)

- 1st Verification of building to be demolished.
- 2nd Final after building has been demolished and site is cleaned up of debris and site is stabilized.

