

APPLICATION FOR DEMOLITION PERMIT

Borough of Mont Alto, Franklin County, Pennsylvania

The undersigned hereby applies for a permit for demolition of structure described in the following specifications:

PERMIT #. _____

Name and address of owner: _____

Telephone #: _____

Building location: _____

Size of Building to be Demolished: _____

Reason for demolition : _____

Company or persons doing the demolition: _____

Address of persons doing the demolition: _____

Telephone # of persons doing the demolition: _____

Explosives to be used: Yes No

Type of explosives: _____

Method of disposal: _____

Estimated demolition dates: Start: _____ Finish: _____

Applicant's signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Fee Received: _____ Fee Received By: _____ Date Received: _____

Permit Granted Date: _____ Permit Denied Date _____

If denied, reason for denial : _____

Permit Effective Date: _____ Permit Expiration Date: _____

Inspection Dates : _____

Zoning Officers Signature: _____ Date: _____