

Borough of Perkasio

PO Box 96

Perkasie PA 18944

215-257-5065 Fax: 215-257-6875

perkasioborough.org - perkasio@comcast.net

APPLICATION FOR DEMOLITION

Tax Parcel Number: _____ Date: _____

Property Address: _____

Applicant Name: _____ Phone #: _____

Address: _____ Fax #: _____

E-mail: _____

Owner information if different from the applicant:

Owner Name: _____ Phone #: _____

Address: _____ Fax #: _____

E-mail: _____

Type of structure: _____

Method of demolition: _____

Disposition of waste: _____

There is a well on the premises. If yes, well must be filled with concrete and the filling of the well witnessed by Borough staff. Borough Official signature: _____

Hazardous material on property. Contact Department of Environmental Protection and remove according to its standards.

All utilities have been disconnected. Electric Gas Water Sewer Cable Propane

Oil Tank

Show proof of all utilities being disconnected/capped/removed.

The demolition will interfere with traffic flow patterns. If checked, ample notice must be given in order to inform the public and any state and local agencies.

Snow fence, or a similar barrier, is in place to prevent personal injury and will remain in place until the operation is completed.

Premises and structure have been checked by the Building Official prior to the start of the operation.

Building Official _____ Date: _____

Property Owner's Signature: _____ Date: _____

Applicant Signature (if different than property owner): _____

Date: _____

Okay to proceed with demolition: _____ Date: _____