

Trappe Borough

525 W. Main Street

Trappe, PA 19426

Ph: 610.489.7181

Fax: 610.489.8827

www.trappeborough.com

Demolition Permit Application

Location/Address

Street _____

Parcel # _____

Subdivision _____

Zoning District _____

Applicant

Property Owner

Contractor

Other

Project

Residential

Commercial

Project is: Residential Commercial

Property Owner _____

Mailing Address _____

City, State, Zip _____

Email & Phone _____

Contractor _____

Address _____

City, State, Zip _____

Email & Phone _____

Type & use of current building: _____

Height: _____

Length: _____

Width: _____

- **Submit/draw a plot plan of the boundary of the property.**
- **Show location of all existing and proposed structures, location of all roads, easements & right of ways, location and distance to property lines.**
- **Indicate types of barriers & protections measures proposed to prevent injury to persons & property.**
- **Evidence of utility shut-off required prior to permit issuance.**
- **Other details may be required.**

I hereby certify that I am the owner or authorized by the owner to sign this permit application that the information contained within is accurate and I/we agree to abide by all applicable laws of jurisdiction. I understand that the Borough will be approving this application based on information I have provided, that if inaccurate may affect the approvals.

Signature of Applicant

Print Name

Date

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FOR BOROUGH USE ONLY:

* Permit Fee:

State Surcharge: _____

Total Fee:

Amount Paid: _____ Received: _____

Payment Type: Cash _____ Check # _____

Verified: _____

- PAYMENT NOTED ABOVE
- PLANS / DOCUMENTATION
- CERTIFICATE OF INSURANCE
- WORKER'S COMP COVERAGE
- ANY/ALL APPROVED ZONING PERMITS

PARCEL ID# _____

BLOCK : _____

UNIT: _____

ZONING DISTRICT: _____

PERMIT # _____