

**Trappe Borough**

525 W. Main Street

Trappe, PA 19426

Ph: 610.489.7181

Fax: 610.489.8827

[www.trappeborough.com](http://www.trappeborough.com)

# Demolition Permit Application

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**Location/Address**

Street \_\_\_\_\_

Parcel # \_\_\_\_\_

Subdivision \_\_\_\_\_

Zoning District \_\_\_\_\_

**Applicant**

Property Owner

Contractor

Other

**Project**

Residential

Commercial

**Project is:**  Residential  Commercial

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**Property Owner** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email & Phone \_\_\_\_\_

**Contractor** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email & Phone \_\_\_\_\_

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**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. Permit fees are not refundable.

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Signature of Applicant

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Print Name

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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 #** \_\_\_\_\_