



DEMOLITION PERMIT

PLEASE FILL THE INFORMATION OUT COMPLETELY.

Applicant Name: _____

Applicant Address: _____

Applicant Email Address: _____

Applicant Phone #: _____

Address of the demolition: _____

Owner's Name: _____

Owner's Address: _____

Zoning District: _____ Tax Parcel Number: _____

Location of proposed demolition project (Please be specific):

I agree to dispose of all demolition debris at a licensed disposal site. No debris will be buried or burned at the site. I understand that the Township reserves the right to request receipts from a disposal site to verify proper disposal.

(Signature)

Please Note:

This permit is for demolition only. Any renovation or construction must be approved by separate building and zoning permits.

Office Use Only

Date Received _____ Permit Number _____ Date Date _____

East Marlborough Township
721 Unionville Road
Kennett Square, PA 19348
610-444-0725