

TOWNSHIP USE: Is this a FEMA Identified Flood Zone? YES NO	<h1>UPPER CHICHESTER TOWNSHIP</h1> <p>PO BOX 2187, UPPER CHICHESTER, PA 19061 PH: 610-485-5719 FAX: 610-485-8643</p>	TOWNSHIP RECEIVED DATE CHECK #: _____ AMOUNT: _____
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DEMO PERMIT APPLICATION

PROPERTY INFORMATION: WHERE WORK IS TAKING PLACE

ADDRESS:

Street	Apt#	City	State	Zip
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Please provide the cost of demolition in the empty box below.

DEMO PERMIT		CIRCLE: RESIDENTIAL COMMERCIAL
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SIZE OF PROJECT _____ SQ FT

*****If this project is 500 SQ FT or larger, grading and storm water management are required*****

REQUIREMENTS AT TIME OF SUBMISSION
 Please call license and inspection at 610-485-5719 for any questions on requirements

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| <ul style="list-style-type: none"> Completed and signed application 3 sets of plans if larger than 11X17 in. Signed contract/scope of work Permit Application Fee | <ul style="list-style-type: none"> If more information is required after submission, the BCO's office will let you know. Contractor's Certificate of Insurance Demolition: must show capping permit from Sewer Authority |
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PROPOSED USE (Please Circle)

RESIDENTIAL

NON-RESIDENTIAL

Single Family Dwelling Townhouse/Twin Apartment Mobile home Continuing Care Community Planned Residential Development Planned Retirement Development	Amusement Bank Church, Other Religious Educational Hospital Industrial Oil Tanks Parking Garage Professional Office Public Utility Recreational Towers Stores/Mercantile School, Library, Service Station
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OTHER:	OTHER:
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DESCRIPTION OF WORK: PLEASE ATTACH DRAWING OR PLAN

APPLICANT (Please Circle): **Owner** **Contractor** **Engineer** **Other**_____

PROPERTY OWNER INFORMATION	NAME OF AGENCY/BUSINESS (if applicable):		PHONE:		
	NAME:		EMAIL:		
	ADDRESS:				
	Street	Apt#	City	State	Zip

BUILDING CONTRACTOR	BUSINESS NAME (if applicable):		PHONE:		
	PA LICENSE #		EMAIL:		
	ADDRESS:				
	Street	Apt#	City	State	Zip

I HEREBY CERTIFY THAT THIS PERMIT IS AUTHORIZED BY THE OWNER OF RECORD; THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT; AND WE AGREE TO CONFORM TO ALL APPLICABLE LOCAL, STATE, AND FEDERAL LEGISLATION.

Please provide signed contract between contractor and owner of property if applicant is someone other than owner.

FOR DEMOLITION PERMIT APPLICANT:

I, _____, the applicant, WAS GIVEN (CIRCLE) PHYSICAL COPY DIGITAL COPY
 ORDINANCE 605, CHAPTER 351: HISTORIC PRESERVATION, AND I UNDERSTAND THAT MY PROPERTY
 (CIRCLE) DOES DOES NOT FALL UNDER THIS ORDINANCE.

APPLICANT SIGNATURE _____ **DATE:** _____

FOR TOWNSHIP EMPLOYEE WHO RECEIVED DEMOLITION PERMIT APPLICATION:

I, _____, the Township Employee, HAS GIVEN THE APPLICANT ABOVE A
 (CIRCLE) PHYSICAL DIGITAL COPY OF ORDINANCE 605, CHAPTER 351: HISTORIC PRESERVATION AND I UNDERSTAND
 THAT THIS PROPERTY (CIRCLE) DOES DOES NOT FALL UNDER THIS ORDINANCE.

SIGNATURE _____ **DATE:** _____