

WESTTOWN TOWNSHIP

1039 Wilmington Pike
West Chester, PA. 19382

Phone: 610.692.1930

Fax: 610.692.9651

DEMOLITION APPLICATION

ALL INFORMATION MUST BE FILLED IN AND EITHER PRINTED LEGIBLY OR TYPED

OFFICE USE ONLY IN THIS BOX

ZONING DISTRICT: _____ **PARCEL NUMBER** _____
PERMIT NUMBER _____ **PERMIT FEE:** _____.

CERTIFICATE OF INSURANCE MUST BE SUBMITTED WITH APPLICATION

PROPERTY OWNER INFORMATION

Permit Property Location: _____

AREA(S) TO BE DEMOLISHED _____

Property Owner: _____

Owners Address: _____ Phone No. _____

City _____ State _____ Zip Code _____

CONTRACTOR/APPLICANT INFORMATION

Contractor/Company _____

Address: _____ Phone No. _____

City _____ State _____ Zip Code _____

DATES OF OPERATION: From: _____ To: _____

CONTRACT VALUE: \$ _____.

SIGNATURES: Applicant _____ Date _____

Building Inspector _____ Date _____