

Demolition Permit Application

RICHLAND TOWNSHIP SUPERVISORS
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Telephone: (814) 266-2922
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Date of Application: _____ Real Estate Tax Ref. #: _____

Building/ Structure Location: _____

Owner(s) Name: _____ Phone: _____

Owner(s) Address: _____

Property Owner (if different than Owner): _____

Property Owner's Address: _____

Contractor Name: _____ Phone: _____

Contractor's Address: _____

Current Use (Circle): Residential Commercial

Building size: _____ feet wide X _____ feet long X by: _____ feet high

Estimated Demolition Start Date: _____ Have Utilities been disconnected? _____

Reason for Demolition: _____

Cost for Demolition: \$ _____

Signature of owner or authorized agent

Print name

I certify that the information on this application furnished by me is true and correct. Certification is hereby rendered that no work is to be done except as described.

(Township use - Do not write below this line)

ZONING FEE: _____

PERMIT NO: _____

BULIDING FEE: _____

PA UCC FEE: \$4.50

TOTAL FEE: _____

REVIEWED BY: _____ DATE: _____

____ APPROVED _____DISAPPROVED

REASON DISAPPROVED: _____

COMMENTS: _____
