

Demolition Permit Application

RICHLAND TOWNSHIP SUPERVISORS
322 Schoolhouse Road, Suite 110
Johnstown, Pennsylvania 15904-2924

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: Residential Commercial

Building size: feet wide X feet long X 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: _____
