



BOROUGH OF GREENVILLE

www.greenvilleborough.com

DEMOLITION PERMIT APPLICATION

PROPERTY ADDRESS: (print) _____

OWNER NAME: (print) _____

Owner Mailing Address: _____

Telephone: _____

Cell: _____

CONTRACTOR NAME: _____

Contractor Mailing Address: _____

Telephone: _____

Cell: _____

Check all that apply:

PRINCIPLE STRUCTURE DIMENSIONS: _____ No. of STORIES _____

ACCESSORY STRUCTURE DIMENSIONS: _____ No. of STORIES _____

Description of structure to be demolished: _____

As the owner or the authorized agent of the project for which this application is filed, I certify that:

- 1) The description of the demolition site, the estimated cost and all other information provided as part of this application for a demolition permit is true and correct.
- 2) Any changes to the approved documents will be filed with the Borough of Greenville.
- 3) If signed by someone other than the owner, the work has been authorized by the owner of record and I have been authorized by the owner to complete this application on their behalf.

Demolition must be completed within 60 days from date of permit.

Applicant: (print) _____

Signature: _____

Date: _____

APPROVED BY

Code Officer: _____

Date: _____

Street Superintendent: _____

WWTP: _____

PERMIT FEE: \$ _____

PERMIT NUMBER: _____

Tax Parcel No. _____

Zoning _____

Property in a flood zone Yes No