* EFFECTIVE JANUARY 1, 2014 A NON-REFUNDABLE $40 APPLICATION/REVIEW FEE IS REQUIRED WITH ALL THIS FEE WILL BE APPLIED TO THE PERMIT FEE, IF APPROVED *

PERMIT COVER PAGE

Address where work is being performed _____

_____

Is contractor performing work? _____YES _____ NO. If answered YES than Contractor must provide Proof of Insurance to the Borough

Is property owner performing work? _____YES_____NO. If answered YES than property owner must provide Proof of Insurance to the Borough

.

Contractor/Policyholder Federal or State EIN (if applicable): _____

If Applicant is a contractor, Applicant's registration number required by the Pennsylvania Home Improvement and Consumer Protection Act:_____.

I certify that the statements made in this Permit Application are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities.

Dated: _____

_____
Signature of Applicant

_____
Name of Applicant (Printed)

_____
Title of Applicant (if applicable)

Code Enforcement Office
One Vine Street
Lansdale, PA 19446
P: 215-368-1691 F: 215-361-8393
www.lansdale.org

BOROUGH OF LANSDALE
DEMOLITION PERMIT APPLICATION

ALL SECTIONS MUST BE COMPLETED FOR PERMIT TO BE PROCESSED

Permit#_____
For Office Use Only

Application Date_____/_____/_____

I. Property Information
Site Address_____Tax Map Parcel #_____
□ Residential □ Commercial □ Single Family □ Multi-Family

II. Property Owner:
Name_____Phone #_____
Mailing Address_____
City State Zip

III. Contractor Information: □ Same as Owner
Company_____
Email _____PA License(HIC) #_____
Name_____Phone #_____
Mailing Address_____
City State Zip

IV. Applicant: □ Same as Owner □ Same as Contractor
Name_____
Email _____
Mailing Address_____
City State Zip

V. Description of Work: □ New □ Repair/Replace

_____
_____
_____
_____
_____
_____
_____

Proposed Demolition Date_____/_____/_____ Est. Job Cost $_____

VI. Utilities:

□ Water □ Gas □ Electric □ Sewer □ Other_____

VII. Type of Sewage Disposal:

□ Public □ Private □ Pump System □ Holding Tank

VIII. Type of Water Supply:

□ Public □ Private (well)

IX. Dimensions:

Number of stories_____Total square footage of floor area, all floors, based on exterior dimensions
Number of rest rooms: Men _____ Women _____ Unisex _____
Total building lot size, square footage _____

X. Fees:

- Residential 1-2 Family Dwelling
  - Removal of existing structure = $110
  - Structural modifications to existing structure = $80
- Residential 3 or more Dwelling, Commercial, Professional office, Industrial
  - Removal of existing structure = $275
  - Structural modifications to existing structure = $165

Applicant Signature_____Contact#_____