

SHENANGO TOWNSHIP

Demolition Permit Application

1000 Willowbrook Road, New Castle, PA 16101

Phone: 724-658-4460 Fax: 724-658-1255 Website: Shenangotownship.com

NOTICE: Any permit issued to the approval of this application may be revoked if the issuance of the permit was based upon any incomplete or inaccurate information, or if it violates and Shenango Township Ordinances, United States Law, or Court Precedent.

OFFICE USE ONLY:

Application No. _____
Date of Application _____
Fee _____
Date Paid _____

APPLICANT INFORMATION

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____

PROPERTY INFORMATION ON PROPERTY TO BE DEMOLISHED

Owner: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Property Zoned: _____ Lot Size: _____ Tax Parcel #: _____

Verify that the following items are completed: (Provide Paperwork Confirming Completion)

Procedure to be completed

Date completed

Electricity service shut-off (Co.: _____) _____

Gas service shut-off (Co.: _____) _____

Sanitary disconnected : _____

Water service shut-off: _____

Telephone service shut-off: _____

Cable television shut-off: _____

Water well capping: _____

Above/below ground tanks removed: _____

Cap all oil and gas wells: _____

Submitted a copy of the plot plan: _____

Submitted a description of the demolition work: _____

COPIES OF THE SHUT-OFF RECORDS SHALL BE SUBMITTED WITH THIS FORM

The applicant certifies that the above information is complete and true and correct to the best of the applicant's knowledge and belief.

The applicant agrees to comply with the provisions of Shenango Township's Ordinances, codes, regulations, and all other applicable law and regulations of Lawrence County, commonwealth of Pennsylvania and the United States, whether or not specified in this application.

The applicant agrees that if a permit is issued, the permit may be revoked by administrative action of Shenango Township if compliance with foregoing paragraphs is not absolute.

Signature of Applicant: _____ Date: _____