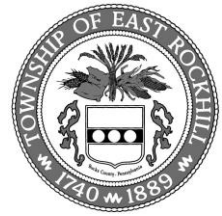


EAST ROCKHILL TOWNSHIP

1622 North Ridge Road, Perkasie, Pennsylvania 18944
Phone 215-257-9156 • Fax 215-257-1299

website: www.EastRockhillTownship.org



DEMOLITION APPLICATION

TAX PARCEL Number: 12-_____

Date: _____

SITE ADDRESS: _____

Zoning District: _____

CONTACT INFORMATION:

EQUITABLE OWNER on Record: _____

Email: _____ Phone: _____

Address: _____ City/State/Zip: _____

APPLICANT if different than Owner: _____

Email: _____ Phone: _____

Address: _____ City/State/Zip: _____

Present Use of the Property: Residential(R) Industrial(I) Commercial(C) Other(O)_____

Type & Size of Structure to be Demolished: _____

Demolition Method: _____

Disposition of Waste: _____

Permit Requirements:

- Submit photo and scaled plot plan of entire property; identify property lines and streets and what is proposed for demolition.
- If there is a well on the premises, it must be filled with concrete. Filling of the well must be witnessed by the municipal authority.
- Any material considered as a hazardous substance/material must be handled in accordance with all local and environmental protection agency regulations for disposal.
- All utility agencies must be notified to verify that no underground utility lines will be affected or that the overhead utilities are disconnected.
- If the operation will interfere with traffic flows or patterns then notice must be given in advance to allow for notification of the public and any state agencies.
- The area must be closed in with snow fence or a similar barrier to prevent person(s) from injury until the operation is complete. Bucks County Conservation District approval may be required.
- Noise levels cannot exceed appropriate decibel levels.
- The premises will be inspected, including the structure, by the Code Official prior to the start of the operation.

I (print name) _____ hereby state the above facts and information are accurate and complete, acknowledge that any false information contained within this application will be grounds for permit rejection or revocation. The applicant further acknowledges that this is an application only and that the use requested cannot commence upon the property until and unless a Zoning Permit is issued by the Township.

Applicant Signature _____ Date _____

REQUIRED Property Owner's Signature _____ Date _____