



# 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.

<b>OFFICE USE ONLY:</b>
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)

<u>Procedure to be completed</u>	<u>Date completed</u>
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: \_\_\_\_\_