

# TOWNSHIP OF SUMMIT

CRAWFORD COUNTY

P. O. Box 231

Harmonsburg, PA 16422

## APPLICATION FOR BUILDING DEMOLITION PERMIT

Applicant: \_\_\_\_\_ Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Location of Proposed Demolition: \_\_\_\_\_

Assessment Number: \_\_\_\_\_

Description of Building: \_\_\_\_\_

Proposed method of demolition: (circle one)      Disassembly / Razing / Burn\* / Other \_\_\_\_\_

*\*If burn is being considered you must contact the Summit Township Volunteer Fire Department for additional information.*

Manner of disposal of debris \_\_\_\_\_

***Only clean fill may be used. Area must be filled and leveled in the presence of the township code official.***

Description and source of fill material \_\_\_\_\_

Name and address of Contractor(s): \_\_\_\_\_

Contractor insurance information shall be attached to the application \_\_\_\_\_

Demolition Permit Fee Payable to Summit Township - \$100.00

***Signature of Property Owner*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

The Crawford County Assessment Office will be notified of proposed demolition.

Application Fee Paid: \_\_\_\_\_

Building Demolition Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_

**Demolition must be completed within 30 days.**

**Debris to be removed with 45 days.**

**Lot to be filled and leveled in the presence of the Code Enforcement Officer/Zoning Officer within 60 days of issuance of Demolition Permit.**

***Signature of Zoning Officer*** \_\_\_\_\_ ***Date*** \_\_\_\_\_