

Municipality of Lower Southampton Township
County of Bucks

Permit Number: _____

Permit Fee: _____

Notary Fee: _____

TOTAL Fees: _____

Demolition Permit

Date: _____

ADDRESS of PROPOSED WORK or IMPROVEMENT: _____

Name of Building Owner: _____ Phone Number: _____

Address of Building Owner: _____

Tax Parcel #: _____ Email Address of Owner: _____

Name of Applicant: (if different) _____ Phone Number: _____

Location of Building to be Demolished: _____ Zone: _____

Description of Building: _____

Size of Building: _____ Number of Stories: _____

Special Requirements or Remarks: _____

General (Demolition) Contractor: _____ Phone Number: _____

Address of Contractor: _____

Plumbing Contractor: _____ Phone Number: _____

Address of Contractor: _____

Plumbing Contractor's Registration Number: _____ License Number: _____

Affidavit

I, _____ (Applicant or Owner) being duly sworn on his oath according to law, deposes and says that he is the person making the within application; that he resides at _____ (Applicant's address & Phone number) and that he is the agent of the owner of the property to be demolished, and that the statements therein contained are correct and true.

Sworn and subscribed to before me this _____ day of _____ 20_____.

(Notary Public)

Signature of Applicant _____

Building Inspector _____

Zoning Official _____ Date Approved _____