

# DEMOLITION PERMIT APPLICATION

PERMIT # \_\_\_\_\_

Sadsbury Township – Crawford County

9888 State Highway 285, Conneaut Lake, PA 16316 • 814-382-8579

## Section I: Owner/Applicant Information

DATE: \_\_\_\_\_  
OWNER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
DEMOLITION CONTRACTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## Section II: Property Information

ADDRESS OF DEMOLITION: \_\_\_\_\_  
NEAREST INTERSECTION: \_\_\_\_\_ INTENDED USE OF PROPERTY: \_\_\_\_\_  
PARCEL #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_  
DATE DEMOLITION TO BEGIN: \_\_\_\_\_

## Section III: Requirements

**CAUTION:** No demolition work may begin without the following notifications and approvals:

- Contractor is responsible for notification to all utilities to terminate service prior to demolition. Conneaut Lake Joint Municipal Authority (sewer), Penn Power (electric), National Fuel (gas)
- Road Bond from Township (if required)
- Compliance with DEP requirements (Asbestos Notification, Erosion & Sediment Control plan, etc)

### REQUIREMENTS:

1. All material must be removed from the site
2. No open burning of materials permitted
3. Foundation shall be removed completely including footer material
4. Basement/crawlspace shall be backfilled with clean material
5. Erosion/silt fence must be installed when required
6. Security fence shall be installed when required
7. Dumpsters/trucks may not be parked or placed on street right-of-way
8. In dry weather, dust control (watering down) shall be required
9. Must notify Township Road Master 24 hours prior to beginning work. Call township office at 814-382-8579.
10. If constructing new structure in place of the old, a building permit must be obtained before ANY construction begins.
11. Call Before You Dig – Pennsylvania One Call System – 800-242-1776

## Section IV: Signature & Fee

I, the applicant, have read and understand the requirements of this application and agree to abide by the regulations set forth above. I also understand and agree all work may be stopped if a violation exists.

\_\_\_\_\_  
Applicant's Signature Date: \_\_\_\_\_

## Section V: Review by Zoning Officer - Office Use Only

Zoning Fee: \$25.00 PAID: Ck#: \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Officer: \_\_\_\_\_ Date of Issue: \_\_\_\_\_