

# DEMOLITION PERMIT APPLICATION

## ALSACE TOWNSHIP

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Site Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Tax Map Number \_\_\_\_\_

Zoning District \_\_\_\_\_

Description and size of building to be removed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Issuing Township Official \_\_\_\_\_

Fee Paid By: Cash \_\_\_\_\_ Check # \_\_\_\_\_

All demolition must be completed in accordance with Township Codes and Ordinances.

No. \_\_\_\_\_