

Application Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Notary Fee: \_\_\_\_\_

Total Fees: \_\_\_\_\_

## Demolition Permit

Lower Southampton Township  
1500 Desire Ave. Feasterville, Pa 19053  
215-357-7300

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)

Approved ( ) Denied ( ) \_\_\_\_\_

