Permit No. _____
Date _____

TOWNSHIP OF JACKSON
CAMBRIA COUNTY, PA

APPLCATION FOR DEMO PERMIT

I/We the undersigned, hereby make application for a permit to demolish a (specify type of building to be demolished)

_____

_____

on my property located at _____

The property is located in a _____ district. (If not known, see Zoning Map). (Detail the shape and size of the structure, along with the location of the structure on the property on a diagram) **APPLICANT IS RESPONSIBLE FOR TERMINATING ALL UTILITIES.**

****WORK MUST BEGIN WITHIN 60 DAYS OF OBTAINING THIS PERMIT.**

ALL DEMOLITION AND CONSTRUCTION DEBRIS MUST BE TAKEN TO A STATE APPROVED LANDFILL WITHIN 30 DAYS. Receipt for proof of disposal required, and must be turned into the Zoning Officer. (The 30 day time period may be extended at the discretion of the Zoning Officer, upon good cause.)

Approximate Cost: $ _____
Name of Contractor _____

PROPERTY OWNER INFORMATION:
Name and Address (Please Print):

_____ Phone: _____
_____ Cell Phone: _____
_____ Email: _____

APPLICANT INFORMATION: (If different from property owner):

Name and Address:

_____ Phone: _____
_____ Cell Phone: _____
_____ Email: _____

SIGNATURE OF APPLICANT _____

Permit Fee: Residential: $50.00 - Commercial $150.00

ANYONE DEMOLISHING A TRAILER MUST FIRST SEE THE TAX COLLECTOR TO OBTAIN A TRAILER REMOVAL PERMIT AT THE COST OF $2.00 (53 P.S. Section 8531 (d)) PAYABLE TO TAX COLLECTOR.

The information provided is true to the best of my knowledge.

This zoning permit shall expire ninety (90) days from the date of issuance, if the work described in the permit is not begun. If the work described has begun, the permit shall expire after two (2) years.

DO NOT WRITE BELOW THIS LINE
Township Use Only

Permit Approved _____ _____
(Zoning Officer) (Date)

Permit Refused _____ _____
(Zoning Officer) (Date)

Reason for Refusal _____

Review Fee _____
Permit Fee _____
Use & Occupancy Fee _____
Total Fee _____ Date Paid _____