

**WESTTOWN TOWNSHIP**

1039 Wilmington Pike  
West Chester, PA. 19382

Phone: 610.692.1930

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**DEMOLITION APPLICATION**

**ALL INFORMATION MUST BE FILLED IN AND EITHER PRINTED LEGIBLY OR TYPED**

**OFFICE USE ONLY IN THIS BOX**

**ZONING DISTRICT:** \_\_\_\_\_ **PARCEL NUMBER** \_\_\_\_\_  
**PERMIT NUMBER** \_\_\_\_\_ **PERMIT FEE:** \_\_\_\_\_.

**CERTIFICATE OF INSURANCE MUST BE SUBMITTED WITH APPLICATION**

**PROPERTY OWNER INFORMATION**

Permit Property Location: \_\_\_\_\_

\_\_\_\_\_

**AREA(S) TO BE DEMOLISHED** \_\_\_\_\_

\_\_\_\_\_

Property Owner: \_\_\_\_\_

Owners Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CONTRACTOR/APPLICANT INFORMATION**

Contractor/Company \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**DATES OF OPERATION:** From: \_\_\_\_\_ To: \_\_\_\_\_

**CONTRACT VALUE:** \$ \_\_\_\_\_.

**SIGNATURES:** Applicant \_\_\_\_\_ Date \_\_\_\_\_

Building Inspector \_\_\_\_\_ Date \_\_\_\_\_