

Date _____

Permit # _____

**JEFFERSON TOWNSHIP
RR 3 BOX 451-H
LAKE ARIEL - MT. COBB, PA 18436
TELEPHONE (717) 689-3307**

APPLICATION FOR RAZING OF BUILDING PERMIT

Application is hereby made on behalf of the owner of premises herein described for a razing permit under the Building Ordinance of 1989 and the following statements of fact and answers to questions are represented as true and correct.

1. Name _____ (Please Print) Phone _____

2. Address _____ Tax ID # _____

3. Location of Structure to be Razed _____

4. Kind of structure _____

5. Reason for Razing _____

6. Intended use of premises after Razing _____

7. Contractor _____ Phone _____

8. Where will the razed building material be disposed? _____

9. Is the disposal area a D.E.R. permitted area? _____

Property Owner Signature

10. Further information required by Building Inspector is as follows: _____

Building Inspector

Zoning Officer