



# BOROUGH OF GROVE CITY

123 WEST MAIN STREET, P.O. BOX 110  
GROVE CITY, PENNSYLVANIA 16127-0110  
(412) 458-7060 FAX (412) 458-4114

## DEMOLITION PERMIT APPLICATION

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Lot Number \_\_\_\_\_ Building Number \_\_\_\_\_ Street Name \_\_\_\_\_

Building Description \_\_\_\_\_

Demolition Contractor \_\_\_\_\_

Utilities Involved: please check (retirement verification required)

Electric \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Gas \_\_\_\_\_ Telephone \_\_\_\_\_ Other \_\_\_\_\_

Name of D.E.R. approved sanitary landfill used: \_\_\_\_\_

### Regulations:

1. Sanitary sewers and vents to be plugged as directed by the building inspector.
2. All masonry material to be removed below grade.
3. All wood, plaster, and plumbing material to be removed from site and excavation backfilled with clean gravel or other suitable backfill material.
4. Public right-of-ways must be maintained and left in good condition.

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all Borough Ordinances and Commonwealth of Pennsylvania Laws regulating building demolition.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit Number \_\_\_\_\_ Permit Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_