

DEMOLITION PERMIT APPLICATION

SUMMIT TOWNSHIP, ERIE COUNTY, PA

PLEASE PRINT ALL INFORMATION:

FOR TOWNSHIP USE ONLY

_____ **Project Street Address**

_____ **Property Owner Name, Address, Phone #**

_____ **Contractor Name, Address, Phone #**

_____ **Date of Application** _____ **\$10.00 Permit Fee**

_____ **Approval Date** _____ **Date of Expiration**

_____ **Zoning Officer Signature** _____ **Owner Signature - Date**

(40) _____ Map Index No.	
_____ Zoning District	
_____ Demolition Permit No.	
<input type="checkbox"/> Water Well	<input type="checkbox"/> Public Water
<input type="checkbox"/> Septic System	<input type="checkbox"/> * Public Sewer

Sewer Disconnection: * Permit provided/disconnection Yes/No Document dated: _____
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NOTE: Asbestos removal/disposal must be done in compliance with Federal & State regulations

Project Description: _____

Special Conditions: _____

