



CASTLE SHANNON BOROUGH

DEMOLITION PERMIT

Date of Application: _____

Permit # _____

Type of Structure(s) to be Demolished:

- Commercial Multi-Family
 Accessory Building Single Family

Location of Demolition: _____

Start Date: _____

Owner Name: _____

Owner Address: _____

Phone #: _____

Email: _____

Demolition Contractor & Address: _____

Insurance Company: _____

Policy Number: _____ (Copy of Certificate must be Attached)

Verification of Utility Disconnection to Property:		Traffic Control Plan	
	Date	If yes, plan attached?	
Water/Sewer		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electric			
Phone			
Cable			

Building Official Signature

Date

Borough Engineer Signature

Date