

Warrington Township
852 Easton Road • Warrington, Pa 18976
Phone: 215-997-7501 • Fax: 215-343-1084

${\bf APPLICATION} \ for \ {\bf DEMOLITION}$

Date:					
Property Information: Owners Name:	Signature:				
	Signature:				
Applicant Information: Applicant's Name:	Signature:				
Title:	Phone:				
Address:	Other()				
City:	State: Zip:				
Demolition Company: Firm Name:	Business Phone:				
Address:	Fax:				
City:	State: Zip:				
Warrington Township Contractor's Registration	on#:				
Type of Structure:	Historic Site:				
Demolition Method:					
Disposition of Waste:					
Name/ Address of Landfill:					
Tentative Start Date:	Tentative Completion Date:				
Permit Requirements – Procedure 1. After all information is submitted as listed a	site inspection will be scheduled				
2. This application will not be processed unless	s accompanied by a 3 ½" x 5" or larger photo.				
3. Complete well abandonment form – form W	TWSD-05				
4. Upon successful completion of site visit you	will be notified to Pick up and pay for permit				
5. The site visit will include, but not limited to	the following				
Authorized Signature:					
Printed Name:	ESTIMATED COST: \$				
FOR OFFICE USE ONLY: Approved By:	Date:				
Zoning Approval:	Date:				



Warrington Township
852 Easton Road • Warrington, Pa 18976
Phone: 215-997-7501 • Fax: 215-343-1084

DEMOLITION SITE VISIT

Zoning Department Revie	ew:				
Property Address:					
Site Visit:					
☐ - Photos submitted – n	ninimum size 3 1/2	x 5 of all structures	to be demolished		
☐ - Well abandonment form WTWSD-0	-				
☐ - Septic Systems- aban with dirt, sand or		nk, remove all existi	ing material, brake co	over and fill	
			nd Local regulations	. State/ Federal	notice to be
☐ - Utilities removed/ dis - Electric - Phone/ cable - Gas — natural/ pr - Oil tanks - Water/ sewer - Sprinkler system	ropane	1			
☐ - Site protection Barrier erected for ☐ Require	r safety if required				
☐ - Traffic flow protection If the operation w of all agencies and ☐ Require	ill interfere with tradition that the public.	affic flow, advanced	notice must be given	n to allow for n	otification
☐ - Other as noted					
Date FOR OFFICE USE ONLY: Approved By:	Time	_	ector Da	te:	
Zoning Approval:			Da	ite:	