

Eden Township Demolition Permit

489 Stony Hill Road, Quarryville, Pa. 17566

Name & Address of Property Owner

Permit # _____

Date _____

Tax Parcel # _____

Phone Number: (_____) _____ - _____

Name & Address of Person Applying for Permit (if other than owner)

Phone Number: (_____) _____ - _____

Location of Property _____

Tax Parcel # _____

Structure being removed _____ Size _____

Is Electricity connected to structure? Yes _____ No _____

If yes date of disconnection: _____

Is Water connected to structure? Yes _____ No _____

If yes date of disconnection _____

Is Sewage connected to structure? Yes _____ No _____

If yes date of disconnection _____

Demolition to begin: _____

Demolition to be completed by _____

Special Instructions: _____

To the best of my knowledge, the above is true and correct.

Signature of Applicant: _____ Date: _____

Signature of Zoning Officer: _____ Date: _____