

TOWNSHIP OF CUMRU

1775 WELSH ROAD
MOHNTON, PA. 19540
www.cumrutownship.org

DEMOLITION PERMIT

Note: “ A PERMIT MAY BE DENIED IN ACCORDANCE WITH THE PROVISIONS OUTLINED IN ACT 90 OF 2010, THE NEIGHBORHOOD BLIGHT RECLAMATION AND REVITALIZATION ACT”

AN OWNER’S AFFIDAVIT OF CONSENT MUST BE FILLED OUT; OR A LETTER OF AUTHORIZATION FROM THE OWNER MUST BE ATTACHED.

Date: _____

Permit #: _____

Please check one: Residential: Commercial:

Job Location: _____

Job Description: _____

Owner: _____

Address: _____

Phone #: _____

Email: _____

Prefer Contact: Phone: Email:

Contractor: _____

Address: _____

Phone #: _____

Email: _____

Prefer Contact: Phone: Email:

Residential:

Permit Processing Fee

Residential Structure

Accessory Structure

Public Sewer capping fee (if required)

State Surcharge

Electrical Permit might be required to verify termination of service

Fee Charge

\$50.00 _____

\$100.00 _____

\$50.00 _____

\$50.00 _____

\$4.50 _____

\$65.00 _____

Total: _____

Commercial/Industrial:

<input type="checkbox"/> Permit Processing Fee	\$50.00	_____
<input type="checkbox"/> Structures (200 sq. ft. or less)	\$100.00	_____
<input type="checkbox"/> Structures (201 sq. ft. up to 3,000 sq. ft.)	\$300.00	_____
<input type="checkbox"/> Structures (over 3,001 sq. ft.)	\$500.00	_____
<input type="checkbox"/> Public Sewer capping fee (if required)	\$50.00	_____
<input type="checkbox"/> State Surcharge	\$4.50	_____
<input type="checkbox"/> Electrical Permit might be required to verify termination of service	\$65.00	_____

Total: _____

ATTACH
AFFIDAVIT OF OWNERSHIP OR CONSENT
WORKER'S COMPENSATION INSURANCE COVERAGE

Signature: _____

Print Name: _____ Owner: Contractor: Applicant:

Building Official: _____ **Date Approved:** _____ **Date completed:** _____

Zoning Official: _____ **Date Approved:** _____ **Date completed:** _____