BOROUGH OF MANSFIELD
CODE ADMINISTRATION
14 SOUTH MAIN STREET
MANSFIELD, PA
(570) 662-2315

DEMOLITION PERMIT APPLICATION

PERMIT #ZD - **Date: / /** **Cost: $**

Project Address:

Owner of Property : _____
Name Phone #

Mailing Address : _____
Street# City State Zip

Contractor/Applicant : _____
Name Phone #

Mailing Address : _____
Street # City State Zip

Proposed type of Demolition (check One)	Existing Use of Land/Building	Are Services Disconnected?	Estimated Cost
☐ Building ☐ Addition ☐ Accessory structure ☐ Other (explain) _____	☐ Commercial ☐ Residential ☐ Single Family ☐ Duplex ☐ Multiple: Number of Units _____ ☐ Accessory Structure	☐ Water ☐ Sewer ☐ Electric ☐ Cable/Phone ☐ NA **Water & Sewer Must be capped**	

Permit Information	Disposal of Building Materials	After Demolition (check all that apply)
	☐ Landfill ☐ Alternate Location _____	☐ Fill ☐ Compacted Fill ☐ Grading & Seeding ☐ Creating Parking Lot ☐ Building New Building

Applicant Remarks (optional) _____
_____
_____

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS AND CODES OF THIS JURISDICTION. I ALSO CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUTHFUL, AND THAT IF ANY OF THE INFORMATION PROVIDED IS INCORRECT, THE PERMIT MY BE REVOKED. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIALS AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODE (S) APPLICABLE TO SUCH PERMIT. IF A PERMIT IS ISSUED I UNDERSTAND THAT IF A PERMIT IS ISSUED WRONGFULLY, WHETHER BASED ON MISINFORMATION OR AN IMPROPER APPLICATION OF THE CODE, THE PERMIT MAY BE REVOKED.

Signature _____ Print Name _____ Date _____

Fill in applicable information (Check primary contact person)

☐ Owner _____ Phone # _____ Fax # _____

☐ Contractor _____ Phone # _____ Fax # _____

PLOT PLAN: Sketch plan here or attach drawing to application

DO NOT WRITE BELOW THIS LINE---OFFICE USE ONLY

Zoning District ☐ R-1 ☐ R-2 ☐ R-3
☐ B-1 ☐ B-2 ☐ B-3
☐ 0-1 ☐ M-1 ☐ P-1

Setbacks _____ Front
_____ Side
_____ Rear

Map Number _____
Deed/Ref _____/_____

Reviews Required

☐ Codes & Zoning Date ____/____/____
☐ Approved
☐ Denied

☐ Zoning Hearing Board Date ____/____/____

Type of Appeal _____
Results or Conditions _____

☐ Planning Commission Date ____/____/____
☐ Borough Engineer Date ____/____/____
☐ Other _____ Date ____/____/____

Inspections Required

☐ Site
☐ Fill
☐ Final
☐ Other _____

DRAWINGS

☐ SITE PLAN ☐ YES ☐ NO
☐ ARCHITECTURAL DRAWINGS ☐ YES ☐ NO
☐ YES ☐ NO
☐ OTHER _____

VAIDATION

Number DM2004-_____
Date ____/____/____
FEES
Permit Fee _____
_____
_____
Total Fees _____

☐ APPROVED ☐ DENIED, REASON : _____

BY: _____ DATE: _____

INSPECTION RECORD

DATE	NOTE PROGRESS - CORRECTIONS AND REMARKS	INSPECTOR