

**NORTH COVENTRY TOWNSHIP  
BOARD OF SUPERVISORS**  
845 S. Hanover Street, Pottstown, PA 19465  
Phone 610-323-1694 Fax 610-323-7239  
[www.northcoventry.us](http://www.northcoventry.us)

This area is for Township Staff

Date application submitted and  
employee initials

**DEMOLITION PERMIT**

Date of Application: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Address of demolition (if different than above): \_\_\_\_\_

***The following property information must be completed:***

**Property Data:**

Sewage Disposal  Public  On-Site

Number of Stories \_\_\_\_\_

Water Supply  Public  Well

Total Area of Lot \_\_\_\_\_

Fuel/Heating Source \_\_\_\_\_

Ground Area \_\_\_\_\_

Existing Use of Dwelling \_\_\_\_\_

**Set Backs (feet):**

Proposed Use of Dwelling \_\_\_\_\_

Front Yard \_\_\_\_\_

Height of Structure \_\_\_\_\_

Side Yard \_\_\_\_\_

Total Square Foot \_\_\_\_\_

Back Yard \_\_\_\_\_

Garage Parking Spaces \_\_\_\_\_

This area for Zoning Officer:

**Parcel ID#**

Remarks \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contractor Telephone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Design Official: \_\_\_\_\_

Residential

Non-Residential

What will be demolished \_\_\_\_\_

Will this affect the structure of the main residence or commercial building  Yes  No

Type of material(s) being demolished \_\_\_\_\_

Size of area to be demolished \_\_\_\_\_

Reason for demolition \_\_\_\_\_

Will the demolition affect  On Site Well  Public Water  Septic  Sewer

Natural Gas/Propane  Electric Lines  Cable Lines

Proximity of demolition (in feet) from:

Neighboring property line  Front \_\_\_\_\_  Side(s) \_\_\_\_\_  Rear \_\_\_\_\_

Neighboring buildings:  Front \_\_\_\_\_  Side(s) \_\_\_\_\_  Rear \_\_\_\_\_

Affected Street(s)/Road(s) (list street/road names)

Front \_\_\_\_\_  Side(s) \_\_\_\_\_  Rear \_\_\_\_\_

Estimated Project Cost \$ \_\_\_\_\_

**CODE OFFICIAL:**

**Approved**

**Denied**

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Permit Fee \$** \_\_\_\_\_ **Permit #** \_\_\_\_\_

**Permit Payment- Date** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Received by** \_\_\_\_\_

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