

**NORTH COVENTRY TOWNSHIP
BOARD OF SUPERVISORS**
845 S. Hanover Street, Pottstown, PA 19465
Phone 610-323-1694 Fax 610-323-7239
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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