Permit No. _____

EAST COVENTRY TOWNSHIP

Application for Demolition Permit

(3 Copies of Application are Required with Original Signatures)

Applicant:	Name: _____ Address: _____ Phone: _____ Cell: _____ Email: _____
Property Owner:	Name: _____ Address: _____ Phone: _____ Cell: _____ Email: _____
Contractor:	Name: _____ Address: _____ Phone: _____ Cell: _____ Email: _____

LOCATION OF PROPOSED WORK:

_____

_____

DESCRIPTION OF DEMOLITION WORK:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

ALL NECESSARY PRECAUTIONS TO ENSURE THE HEALTH, SAFETY AND WELFARE OF THE GENERAL PUBLIC DURING ALL PHASES OF DEMOLITION ARE HEREBY ORDERED.

_____ Print Name

_____ Signature

_____ Date