

**Borough of
Ephrata**



*location
of choice*

124 South State Street, Ephrata, PA 17522
717-738-9202 / 717-733-4062 (Fax)
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DEMOLITION PERMIT APPLICATION

Address of building to be demolished _____

Property owner's Name _____

Address _____

Phone # _____

Applicant's Name (If other than owner) _____

Address _____

Phone # _____

Date demolition will begin _____

Date demolition will finish _____

Are all utilities disconnected? YES or NO

If no, which utilities still need to be disconnected? _____

How will materials be disposed of? _____

Have adjoining property owners been notified at least one week prior to demolition?

YES or NO

The proposed work is authorized by the owner in fee and I as applicant, am authorized to make this application. I acknowledge that this application is conditional upon complying with all applicable Federal and State laws and regulations.

Signature

Date