

A SIGNED COPY OF THE CONTRACT MUST BE SUBMITTED WITH APPLICATION



Tax Parcel # _____

Date _____

DEMOLITION PERMIT APPLICATION

*Willistown Township
688 Sugartown Road
Malvern, PA 19355*

Phone 610.647.5300

Fax 610.647.8156

Property Address/Site Location:

Address _____ City _____ State _____ Zip _____

Name of Owner(s) _____ Phone _____

Owner Email _____

Contractor Name _____ Phone _____

Contractor Email _____

Willistown Historic Structure (Review Required): Yes No

Date Willistown Cleared Historic Structure for Demolition: _____

Other Historic Agency Review Clearance Required: Yes No

*if YES submit review approval

Date of Demolition: _____ **Cost of Work:** _____

Description of building (including size of building, number of stories (basement), construction type and use) _____

Prior to issuance of permit, applicant must provide proof of removal and capping of utilities and service connections including:

Electric Gas Water Telephone Sanitary Sewer Storm Water Leaders

Prior to issuance of permit, applicant must provide notice to adjoining property owners

Method of disposal of debris _____

Restoration of affected area – fences, retaining walls, or permanent repairs to adjacent properties:

INSPECTIONS REQUIRED:

1. Site Inspection before Demolition _____

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- 2. Utility Connections Removed and Capped _____
- 3. Restoration of Affected Area _____

Attach plot plan of proposed work, showing approximate location of demolition.

Property Type: Residential Commercial

Renovation Type: Interior Exterior

I hereby testify that the signature below is that of the legal owner of the subject property, subject to penalty of law for unsworn statements to public officials

All property owners must sign. To check names on the deed, visit:

https://arcweb.chesco.org/cv3/Default_CV.html

Property Owner's Signature(s) _____

Print Property Owner's Name(s) _____

Please do NOT write below this line

Permit # _____ Date Issued _____ Amount Paid \$ _____

Code Administration Officer _____ Date _____

Approved _____ Reason for Disapproval _____

Zoning Officer _____ Date _____

Approved _____ Reason for Disapproval _____

Historic Commission _____ Date _____

Approved _____ Reason for Disapproval _____

Brandywine/Willistown Conservation Trust _____ Date _____

Approved _____ Reason for Disapproval _____

National Land Trust _____ Date _____

Approved _____ Reason for Disapproval _____

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**WILLISTOWN TOWNSHIP HISTORICAL COMMISSION
and
HISTORICAL and ARCHITECTURAL REVIEW BOARD**

The Historical Commission meets once a month.
The first Tuesday of each month at 7:00pm
688 Sugartown Road Malvern, PA 19355

PLEASE READ THIS INFORMATION CAREFULLY BEFORE COMPLETING THIS APPLICATION.

The Historical Commission can review your application without your presence or the presence of your authorized representative; however, unanswered questions concerning your application may cause tabling of your application until the next meeting that you can attend.

If you have any questions, please feel free to call the Township before you file this application; they will put you in touch with a member of the Commission to guide you through the process.

Your application is due no later than 5 PM, two weeks prior to the Commission Meeting. This will give the Commission time to review your application and prepare a preliminary report for the entire Board. A member of the Board may also call you to clarify questions regarding your application. You must answer all questions on this application (use "N/A" if not applicable) and include any current photographs, elevations, relevant drawings, specific lettering fonts (for signage), and old documents or photographs that you may have researched.