

ASSOCIATED APPLICATIONS

Case # _____
 Case # _____
 Case # _____
 Case # _____
 Project _____



DEMOLITION RELEASE FORM

TO BE SUBMITTED WITH A BUILDING PERMIT APPLICATION WHEN RAZING A BUILDING OR STRUCTURE

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

DATE RECEIVED: _____

PROPERTY ADDRESS: _____ **APPLICATION DATE:** _____

APPLICANT NAME: _____ **PHONE:** (____) _____

APPLICANT ADDRESS: _____ **FAX/CELL:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

An application is hereby made for a permit for construction as indicated herein and which shall be located as shown on the plot plan submitted herewith and/or to use the premises for the purpose herein described. Applicant agrees that such work will comply with all provisions of the Zoning Ordinance, Building Code, with all deed restrictions and with all other applicable Ordinances of South Whitehall Township.

APPLICANT PRINTED NAME AND SIGNATURE: _____

IF THIS APPLICATION IS NOT BY THE PROPERTY OWNER, THEN BY WHAT AUTHORITY: _____

CONTRACTOR NAME: _____ **PHONE:** (____) _____

CONTRACTOR ADDRESS: _____ **FAX/CELL:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

PROPERTY OWNER NAME: _____ **PHONE:** (____) _____

OWNER ADDRESS: _____ **FAX/CELL:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

CURRENT USE OF BUILDING:

- | | |
|--|--|
| <input type="checkbox"/> One Family Dwelling | <input type="checkbox"/> High Hazard |
| <input type="checkbox"/> Two Family Dwelling | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Place of Assembly | <input type="checkbox"/> Mercantile (Store) |
| <input type="checkbox"/> Business (Office) | <input type="checkbox"/> Multi-Family Dwelling |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Factory or Industrial | <input type="checkbox"/> Utility and Misc. |

Type of Construction: _____

Total Square Footage: _____

Dimensions of Building: _____

Number of Stories: _____

Dimensions of Lot: _____

Date of Demolition: _____

ONE CALL Serial #: _____

Date of ONE CALL: _____

Insurance Carrier: _____ **Policy Number:** _____

Sewer Disconnect: Public Private _____ **Water Disconnect:** Public Private _____

UTILITIES RELEASED (SIGNATURES REQUIRED):

Signature	Printed Name
SWT PWD: _____	_____
PPL: _____	_____
UGI: _____	_____
Verizon: _____	_____
Service Electric: _____	_____
RCN: _____	_____

ADJOINING PROPERTY OWNERS (SIGNATURES REQUIRED):

Signature	Printed Name and Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPROVAL CONDITIONS:

BUILDING INSPECTOR APPROVAL: _____ **TITLE:** _____ **DATE:** _____

CONTACT INFORMATION

SWT PWD (South Whitehall Township Public Works Department)

Submit a copy of the Demolition Release to the Public Works Department – Phone # 610-398-0401, Fax # 610-398-6898.

PPL

Fax a copy of the Demolition Release form to the attention of **Work Management - Fax # 484-634-3743**. It will be sent back after it is signed.

UGI UTILITIES, INC.

Fax a copy of the Demolition Release form to: **Fax # 610-807-3758**

OR mail to: UGI Utilities, Inc.
2121 City Line Rd.
Bethlehem, PA 18017

The following people can sign off on Demolition Release Forms:

	<u>Telephone No.</u>
Linda Sofranek	610-807-3743
Taylor Bet	610-807-3140
Jeff Frey	610-807-3157

VERIZON

Fax a copy of the Demolition Release form to **Mark Gerencher - Fax # 610-264-8798** A technician will give him the results and he will fax it back to you. If you need to talk to him- Phone # 610-264-8192.

SERVICE ELECTRIC CABLE TV

Fax a copy of the Demolition Release Form to **Bill Kibler or D. J. Reccek, Jr. – Fax # 610-865-0633**. If you need to talk with him – Phone 610-625-8512.

RCN CABLE TV

Fax a copy of the Demolition Release Form to **Bill Reese or Chris Moruak – Fax # 610-443-2832**. If you need to talk with him – Phone # 610-440-2014.

Address: RCN
5508 NorBath Boulevard
Northampton, PA 18067