MONTGOMERY TOWNSHIP
DEPARTMENT OF PLANNING AND ZONING
1001 STUMP ROAD, MONTGOMERYVILLE, PA 18936-9605
Telephone: 215-393-6920 · Fax: 215-855-1498
www.montgomerytwp.org

Permit # _____ Blk/Unit # _____ Fee $ _____ Ck # _____ Date _____

App. Date _____/____/_____	INTERIOR DEMOLITION APPLICATION	Is Owner Applicant Yes No

PROPERTY INFORMATION

Number	Street Name

OWNER INFORMATION

First Name	Last Name or Business Name	Phone
	Email	
Number	Street Name	City

SQUARE FEET OF PROPOSED WORK

Square Feet

Description of Proposed Work
CONTRACT VALUE $

Copy of Contract Required

CONTRACTOR

(ALL CONTRACTORS MUST BE PROPERLY REGISTERED BEFORE PERMIT IS ISSUED)

Contractor:_____

Address:_____ **City:** _____ **Zip**_____

Phone #:_____ **Cell #:**_____ **Fax #**_____

PLAN OF BUILDING LAYOUT REQUIRED

(birds eye view)

Showing protection of area during work being performed

INTERIOR DEMOLITION PERMIT APPLICATION

SIGNATURE PAGE

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on Montgomery Township; and certify that all the above information is accurate. Permit expires if work not started in 6 months or not completed in 12 months or if work is discontinued for 6 months in the judgment of the Township. The Building Inspector, or the Inspector's authorized agent, is authorized to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the proposed work. Failure to comply with the above will result in a STOP WORK **order.**

Owner/Auth. Agent Signature: Date .		
Zoning Officer Review	***Building Inspector Review***	

BELOW OFFICE USE ONLY

DO NOT WRITE BELOW		
Permit Fee		
Demolition – Non-Residential	**$ 150.00 + $.25/SF total area**	
STATE FEE		**4.50**
TOTAL		**$**
Contractor Registration	**$ 50.00**	**$**
OTHER		**$**
		TOTAL $

INTERIOR DEMOLITION PERMIT APPLICATION