

**LOWER MILFORD TOWNSHIP**  
Lehigh County, Pennsylvania  
**DEMOLITION PERMIT APPLICATION**

Property Location: \_\_\_\_\_  
Tax Map No. \_\_\_\_\_ Zoning District: \_\_\_\_\_  
Type Of Construction: \_\_\_\_\_  
Size Of Structure: \_\_\_\_\_ Height: \_\_\_\_\_ Stories: \_\_\_\_\_  
Use Of Structure \_\_\_\_\_

List of Utilities Servicing Building	Provide Utility Co. Confirmation of Removal/Discontinuation of Utility
_____	_____
_____	_____
_____	_____

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_

\*Demolition Contractor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_

Property Owners Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_

Date Actual Demolition to Begin: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

\* Please attach a copy of contractor's Certificate of Insurance for Workman's Compensation.  
If structure proposed to be demolished is contained on the Lower Milford Township Historic Resource Inventory, application must be accompanied by information required under Article XI, Section 1103 of the 2009 Zoning Ordinance.

**NOTE:** Submission of this application grants authorized representatives of Lower Milford Township access to this property at any reasonable time to inspect the proposed structure contained within this application.

**The information provided on this application by the applicant(s)/owner(s) is true and correct to the best of their knowledge and belief.**

Owner's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR TOWNSHIP USE ONLY**

Permit No. _____	Date Of Issuance _____	Fee \$ _____
Application No. _____	Date Of Expiration _____ (6 mo. from date of issuance)	Check # _____
		Receipt # _____
Building Inspectors Signature: _____	Date: _____	