

Permit No.: _____

CLARION BOROUGH

APPLICATION FOR DEMOLITION PERMIT

Date: _____

APPLICANT:

Name: _____

Phone: _____

Address: _____

OWNER (if different from above):

Name: _____

Phone: _____

Address: _____

PROPERTY LOCATION:

ZONING DISTRICT: _____

TAX MAP NO.: _____

PROPERTY DESCRIPTION:

CONTRACTOR:

Name: _____

Phone: _____

Address: _____

SIGNATURE OF APPLICANT: _____

DATE ISSUED: _____

FEE: _____

AUTHORIZED BY: _____

VERIFICATION OF INSURANCE CARRIER: _____