Conewago Township Adams County, Pennsylvania

ZONING/CODE ENFORCEMENT OFFICE
541 Oxford Avenue, Hanover, PA 17331
Tele: (717) 637-0411 • Fax: (717) 637-6826

Revised 12.17.2024

DEMOLITION PERMIT

PLEASE PRINT CLEARLY

LOCATION OF PROPERTY:

Address Map/parcel #

DESCRIPTION OF CONSTRUCTION ACTIVITY:

SQUARE FOOTAGE OF PROJECT _____ COST OF PROJECT $_____

SKETCH OR PLAT OF DEMOLITION REQUIRED.

WILL DEMOLITION INCLUDE ANY SITE GRADING? ☐ YES ☐ NO ***IF YES, A GRADING PLAN MAY BE REQUIRED.**

*IF YES, PLEASE DETAIL:

Owner Name	**Contractor/Company**
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
Phone #	Phone #

WILL DEMOLITION INCLUDE DISCONNECTION OF UTILITIES (I.E. ELECTRIC, WATER)?: ☐ YES ☐ NO

WORKER'S COMPENSATION CERTIFICATE PROVIDED: ☐ YES ☐ NO

Note: Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of workers' compensation to Conewago Township. Contractor also prohibited by law as to building or remodeling under this Permit from engaging the services of a subcontractor unless subcontractor maintains workers' compensation insurance coverage as to the subcontractor's employees. Failure of Contractor and Applicant for this Permit to maintain workers' compensation insurance according to law of Commonwealth of Pennsylvania, and failure to name Conewago Township as a named insured, requires stoppage of all

construction/work under Building/Zoning Permit issued and a Building/Zoning Permit may be revoked.

This permit is only for demolition purposes and not intended for construction, repair or remodeling. Any on-site grading will require a grading plan in accordance to §77/Erosion, Sedimentation and Grading.

Any deviations from the details listed herein, or in the approved plans, must be authorized by the approval of the revised application and construction/demolition details.

STATEMENTS AND VERIFICATION BY APPLICANT

• I/We do hereby agree to observe and adhere to any and all provisions of Conewago Township's Ordinance's, and do further agree and understand that my failure to do so shall constitute a violation as to any Permit issued per this Application, which violations shall cause any Permit to become Null and Void, and revocable by Conewago Township via its Zoning Officer or other designated agent.

• I/We do hereby certify that as applicants, owners, contractors, agents or others that I/we completed and read the foregoing Application and Notice and that the information and statements in this application and other representations contained in all accompanying plans are made a part of this application and are true and correct to the best of our knowledge and belief. This statement and verification are made subject to the penalties of 18 PA CSA Section 4904 relating to un-sworn falsifications to authorities, which provides that if

I/we knowingly make false statements, I/we may be subject to criminal penalties. I/We hereby authorize representatives of the township to make the required inspections upon the property to verify that the construction requested under this application complies with the Conewago Township Zoning Ordinance or other applicable codes.

Owner(s) Name _____ Date _____

Contractor or Agent Name _____ Date _____

Zoning Officer - Approval _____ Date _____

CONDITIONS OF ISSUANCE: