PERMIT NUMBER: _____

PARADISE TOWNSHIP
MONROE COUNTY
APPLICATION FOR RAZING PERMIT

DATE APPLICATION RECEIVED: _____

NAME AND ADDRESS OF APPLICANT: _____
_____
_____

LOCATION: _____

CONTACT PHONE NUMBER: _____

DATE(S) OF DEMOLITION:_____

DESCRIPTION OF STRUCTURES TO BE DEMOLISHED:_____
_____
_____

HOW WILL DEBRIS BE DISPOSED?_____
_____

HOW WILL SITE BE RESTORED?
_____
_____
_____

Zoning Officer requires copy of contractor's Workman's Compensation Insurance and/or General Liability Policy. If any site hazard exists, or if demolition could impact the structural integrity of any remaining structure(s), assessment by a registered design professional is required.

FEE: _____ DATE ISSUED: _____

_____ ZONING OFFICER