

# **WAYNESBURG BOROUGH DEMOLITION APPLICATION**

**Rev 11/16**

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Demo site address: \_\_\_\_\_

Description of structure to be demolished: \_\_\_\_\_

Cost of Demolition: \$\_\_\_\_\_

Name of Demolition Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Demolition Start Date: \_\_\_\_\_

Approximate amount of days required for demolition project: \_\_\_\_\_

Insurance Information from Demo Company:

Policy Number: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Company Telephone Number: \_\_\_\_\_

Description of Demolition:

- What equipment will be used
- How demolition will be done so no damage will be done to neighboring property, borough streets, utilities etc.
- Where the demolition material will be taken

