

BOROUGH OF DARBY
DEPARTMENT OF CODE ENFORCEMENT
Phone: 610.586.0428
Fax: 610.534.1987

DEMOLITION PERMIT APPLICATION

Date: _____ Location of Work: _____

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____ Applicant Phone Number: _____

Email Address (REQUIRED): _____

Property Owner's Name: _____

Property Owner's Address: _____

City: _____ State: _____ Zip Code: _____ Owner's Phone Number: _____

Type of Structure being demolished (circle one): S-F Detached S-F Semi-Detached

S-F Attached Apartment Building Other: _____

Structural Engineering Company: _____

Are Plans Submitted: Yes / No Total Estimated Cost of the Job: _____

Below Please Provide a Brief Description of the Work:

I hereby certify that the statements contained herein are true and correct to the best of my knowledge.

Signature of the Applicant

BOROUGH USE ONLY

Approved: _____ Not Approved: _____ Permit Fee \$ _____

Code Official: _____ Date: _____