



TOWNSHIP OF SALISBURY
LEHIGH COUNTY, PA
2900 SOUTH PIKE AVENUE
ALLENTOWN, PA 18103

Phone: 610-797-4000
Fax: 610-797-5516

PERMIT APPLICATION
DEMOLITION RELEASE FORM

Permit No.: _____
Date Received.: _____
Date Issued: _____

Site Address: _____
Owner: _____ Phone: _____
Owner Address: _____
Contractor: _____ Phone: _____
Mailing Address: _____
E-Mail Address: _____
PA State Contractor Registration Number: _____

Number of Stories: _____ Type of Structure: _____
Dimensions of Bldg: _____ Dimensions of Lot: _____ Total Sq. Ft.: _____
Date Actual Demolition Scheduled to Begin: _____

A. PRELIMINARY ARRANGEMENTS FOR ISSUANCE OF DEMOLITION PERMIT

1. Salisbury Billing Department must be notified for final water billing. Please call 484-661-5815.
2. Signature of Owner or Authorized Agent: _____
3. Insurance Company: _____
Must Attach a Certificate of Insurance
4. Policy No.: _____

B. UTILITIES RELEASED (SIGNATURES REQUIRED) – See Attached List for Contact Person

1. PPL: _____ Date: _____
2. UGI: _____ Date: _____
3. TELEPHONE SERVICE: _____ Date: _____
4. WATER SERVICE: _____ Date: _____
5. SEWER SERVICE: _____ Date: _____

C. ADJOINING PROPERTY OWNERS MUST BE NOTIFIED OF INTENT TO RAZE

1. Name: _____
Address: _____
2. Name: _____
Address: _____
3. Name: _____
Address: _____
4. Name: _____
Address: _____
5. Name: _____
Address: _____

**UTILITY RELEASES
MUST CALL A FEW DAYS IN ADVANCE**

1. PPL Customer Service: 1-800-342-5775
2. UGI: 610-866-0951
3. Telephone Service
4. Water and/or Sewer Disconnection: Salisbury Township Dept. of Public Works – 484-661-5851

Property Address: _____

FLOODPLAIN

1. Is the site located within an identified flood hazard area? Yes No
2. Will any portion of the flood hazard area be developed? Yes No N/A
3. Are there any storm water easements or buffer areas on or adjoining the property? Yes No
4. Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3.
5. Lowest Flood Level: _____

The Applicant certified that all information is correct, and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code), and any additional approved building code requirements adopted by the Township of Salisbury. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the Codes or ordinances of the Township of Salisbury, or any other governing body. The applicant certified he/she understands all the applicable Codes, Ordinances and Regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the Code Administrator or the Code Administrator's authorized representatives shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner or Authorized Agent: _____

Print Name of Owner or Authorized Agent: _____

Address: _____

E-Mail: _____ Date: _____

ALLOW 15 BUSINESS DAYS FOR RESIDENTIAL PERMIT APPROVAL

ALLOW 30 BUSINESS DAYS FOR COMMERCIAL PERMIT APPROVAL

Property Address: _____

OFFICE USE ONLY

PERMIT APPROVED: Date Approved: _____

CODE OFFICER: _____

Permit No.: _____

Date Issued: _____

Date Expires: _____

Permit Fee: \$ _____

PA State Fee: \$ _____

TOTAL: \$ _____



Copy to Utilities Dept.

Initial: _____

Date: _____