



Upper Salford Township

P.O. Box 100
Salfordville, PA 18958-0100
610-287-6160

Date Stamp

Permit # _____

DEMOLITION PERMIT APPLICATION

Date Issued _____

Date Expires _____

Name _____

Address _____

Site Address _____

Phone Number _____ Tax Map Number _____

Zoning District _____

Description and size of building to be removed _____

Signature of Applicant _____

Issuing Township Official _____

Fee Paid By: Cash _____

Check # _____

All demolition must be completed in accordance with Township Codes and Ordinances.