



Upper Salford Township

Box 100 • Salfordville, PA 18958-0100

(610) 287-6160 • FAX (610) 287-9435

APPLICATION FOR JUNKYARD LICENSE

1. Name of Applicant: _____

2. Address of Applicant: _____

3. Owner(s) of land to be
used as junkyard: _____

Address of Owner(s): _____

* Note - Survey print of premises and a check in the amount of \$100.00 for the Permit fee must accompany this application.

I (We) hereby apply to the Board of Supervisors of Upper Salford Township, under Section 4 of Ordinance 65-6; do certify that the attached survey print represents the true and correct condition of the land, as required by Ordinance 65-6; and certify that I (we) have received a copy of Ordinance 65-6; and agree to abide by the requirements thereof.

Date: _____

Applicant

Applicant