

Upper Salford Township

Box 100 • Salfordville, PA 18958-0100 (610) 287-6160 • FAX (610) 287-9435

APPLICATION FOR JUNKYARD LICENSE

I.	Name of Applicant:
2.	Address of Applicant:
3.	Owner(s) of land to be used as junkyard:
	Address of Owner(s):
	* <u>Note</u> - Survey print of premises and a check in the amount of \$100.00 for the Permit fee <u>must</u> accompany this application.
(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.	
Da	Applicant
	Applicant