

Covington Township

Demo Permit Application

Applicant Name: _____ Parcel #: _____
Site Address: _____ Phone: _____
Site City: _____ Cell: _____

Owner Name: _____
Owner Address: _____ Owner City: _____

Contractor Name: _____ Phone: _____

Estimated Cost: \$ _____ Building Size: _____

Project Description: _____

APPLICATION CERTIFICATION

I certify that all information provided on this application is correct and true to the best of my knowledge. I agree to not begin construction until all required permits are obtained. I understand that I must submit any changes to all authorities from which I receive a permit.

Signature: _____ Date: _____

Print: _____

Covington Township
114 East Hill Road
Covington, PA 16917
(570) 659-5439
covingtonasstsecretary@gmail.com

If Land Owner is not the same as applicant, Land Owners Signature is required.

Land Owner Signature: _____ Date: _____

Print: _____

Application and Dates of Action Taken (Official Use Only)

Application approved: ____ Yes ____ No _____

Zoning Official Signature Date

I denied, Reason for Denial of Application: _____

NOTE: The applicant has the right to appeal the denial of this application to the Municipality's Zoning Hearing Board within 30 days from the date of denial pursuant to procedures set forth in the Pennsylvania Municipalities Planning Code, as amended.

Applied to Zoning Hearing Board: _____ Date: _____

Appeal: ____ Yes ____ No

Board's Decision: ____ Granted ____ Denied Date: _____

Order: _____

Please note: all applications are to be submitted to Covington Township Office at the address and phone number listed below. Demo Permit Fee of \$10.00 must accompany this application.

Mailing

Covington Township
PO Box 253
Covington, PA 16917

Physical

Covington Township
114 East Hill Road
Covington, PA 16917

Phone

570-659-5439
Fax
570-659-0216