

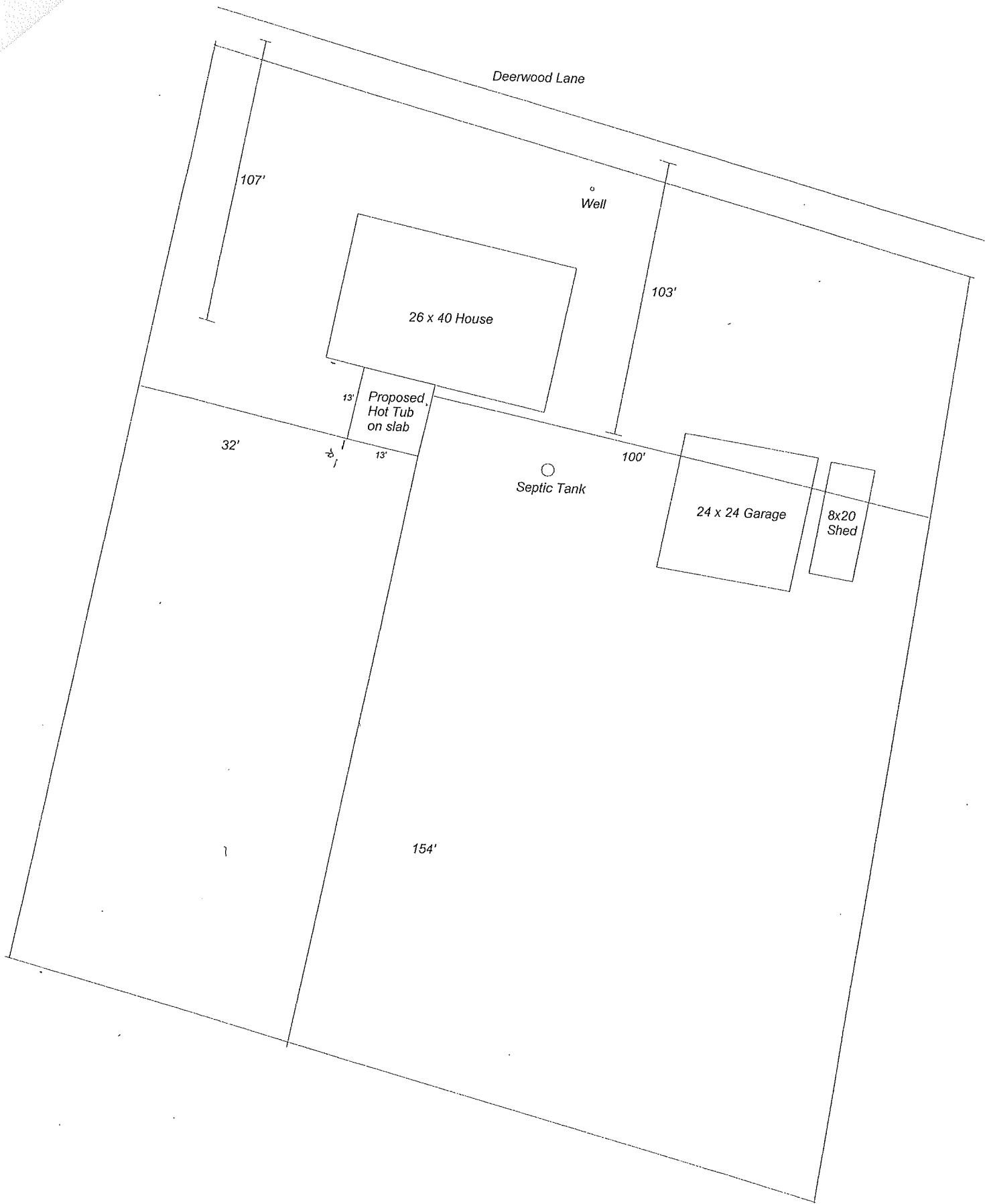
HAYCOCK TOWNSHIP  
640 Harrisburg School Road  
Quakertown, PA 18951  
(215) 536-3641 fax (215) 536-7211

### DEMOLITION REQUIREMENTS

Application will not be considered complete for review and no permit will be issued until all requirements have been submitted and approved.

- \_\_\_1.       **Zoning and Building Application**
  
- \_\_\_2.       **Plot Plan** –including location and dimensions, and all existing structures
  
- \_\_\_3.       **Pre-deconstruction Stakeout**
  
- \_\_\_4.       **Secure approvals from all authorities. Ex gas lines, septic, electric**
  
- \_\_\_5.       **All debris removed**
  
- \_\_\_6.       **Bucks County Conservation District Review** if over 1000 sq ft of disturbance
  
- \_\_\_7.       **Worker’s Comp. and Liability Insurance Information of contractor**
  
- \_\_\_8.       **Zoning Fee of \$50 payable to Haycock Township**  
              a **Building Fee TBD** after plans are reviewed, payable to Richland Township and to be received by our office before permit is issued.
  
- \_\_\_9.       **Any other information deemed necessary to determine compliance.**

# SAMPLE PLOT PLAN



S.O.  
4/15/04  
DKZ

HAYCOCK TOWNSHIP  
640 Harrisburg School Road  
Quakertown, PA 18951  
215-536-3641 FAX 215-536-7211  
Building Dept 215-538-4066

**Zoning and Building DEMOLITION Application**

Tax Parcel No. \_\_\_\_\_ Zoning District \_\_\_\_\_ Date \_\_\_\_\_

Zoning Permit No. \_\_\_\_\_ Building Permit No. \_\_\_\_\_

Zoning Fee \_\_\_\_\_ Building Fee \_\_\_\_\_

Zoning Final Inspection \_\_\_\_\_ Building Final Inspection \_\_\_\_\_

.....Above For Office Use .....

\_\_\_\_\_  
Applicant Phone E-mail

\_\_\_\_\_  
Address

\_\_\_\_\_  
Owner (if different from applicant) Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Location of Property

\_\_\_\_\_  
Contractor License No.

\_\_\_\_\_  
Address Phone

**Summary of Demolition \*\*\*Township must visit the site BEFORE any demolition is started.\*\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total square feet of structure \_\_\_\_\_ Number of Floors \_\_\_\_\_ Cost: \_\_\_\_\_

IT IS THE APPLICANTS RESPONSIBILITY TO:

- \* Contact utilities for proper dismantling
- \* Remove all debris
- \* Dispose of waste at a facility permitted to accept such waste (DO NOT burn or bury)
- \* Contact the township office for a final inspection

Consent : INITIAL HERE \_\_\_\_\_ YES or NO - I hereby give my consent allowing Haycock Township representatives to enter my property without prior notice in order to make the above inspections.

I CERTIFY THAT THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT NON-COMPLIANCE WITH THE DESIGN RECOMMENDATIONS SET FORTH BY THE ROADMASTER AND/OR ENGINEER MAY JEOPARDIZE THE ISSUANCE OF ANY OCCUPANCY PERMIT.

\_\_\_\_\_  
Signature Date

**Application will not be considered for action until all required information is submitted.**

..... Below For Office Use .....

**ZONING**

\_\_\_\_\_ Zoning Permit Granted subject to Zoning Officer Directives:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Department Approval for Project Date Zoning Final Inspection Date

**BUILDING**

\_\_\_\_\_ Building Permit Granted subject to Building Inspector Directives:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Building Department Approval for Project Date Building Final Inspection Date