

LYNN TOWNSHIP Zoning Office
7911 Kings Highway – New Tripoli PA 18066-4519
{610} 298-2645 Fax {610} 298-2896
E-mail: trishb@lynntwp.org Website: www.lynntwp.org

APPLICATION for DEMOLITION/ZONING PERMIT

Application is hereby made for a permit to demolish any building on your property. Applicant agrees that such work will be done as described in accordance with plans and specification submitted, and in compliance with all provisions of the zoning ordinance, and all other applicable ordinances or requirements of **Lynn Township.**

PLOT PLAN

Outline the shape of the building lot, show dimensions, and locate NORTH Point. Outline building to be demolished, designate any other buildings on the same plot, show dimensions, show setback of front yard, rear yard and side yards, and locate water well, sanitary system and driveway. (3 copies of plot plan must be submitted)

DEMOLISH/RAZING PERMIT FEES – At time of submission:

Application Fee- \$75.00

Permit Fee - \$50.00

All fees are non-refundable.

1. Location Address _____
2. Proposed Demolition: _____
3. No. of Structures _____ Sizes _____
4. Value of Structure _____
5. Type of materials being disposed of including any hazardous materials (asbestos, lead, etc) _____
6. Explain method of disposal of such materials _____
7. D.E.P. Approved Disposal Site for handling (copy of receipt to be provided) _____

Note

Applicant agrees to:

- 1.) All utilities must be disconnected and properly capped by servicing utility.
- 2.) Only uncontaminated soil, rock, gravel, broken concrete, and concrete block may remain on-site for fill 18" below finished grade. All other debris shall be properly disposed.
- 3.) Final grading with topsoil must be completed to prevent accumulation of water.

8. Record Owner _____ Phone _____
- Address _____
- Email _____
- Signature _____ Date _____

9. Contractor _____ Phone _____
- Address _____
- Insurance Information _____

| | |
|--|-------------------------|
| Township Use Only- Zoning District _____ | Tile No. /Pin No. _____ |
| Type of Use: Main _____ Accessory _____ | |
| APPLICATION NO. _____ | |
| Application Approved: Yes ___ No ___ Reason for Denial _____ | |
| Reviewed by Zoning Officer: _____ Date: _____ | |

| Application Fee | Permit Fee | Permit Number | Date of Issuance |
|-----------------|----------------|---------------|------------------|
| \$75.00 | \$50.00 | | |

ALL FEES ARE NON-REFUNDABLE (Please make checks payable to Lynn Township.)
***** PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE *****
 Note: Work must be completed by expiration date.