

NORTH BUFFALO TOWNSHIP
149 McHaddon Road
Kittanning, PA 16201
Phone: 724-543-5035 Fax: 724-548-4926
Email: secretary@northbuffalotwp.com

DEMOLITION PERMIT

Application Date:

Name of Applicant: Phone #:

Address:
Street and Number City State Zip Code

Application is hereby made to: Remove Demolish

a structure located at: and type

Residence Commercial Business Industry
 Accessory Building Other Use

Description of structure:

Disposition of Application: Approved Denied

Signature of Township Representative:

If denied, state Ordinance number of name, article, section, subsection, paragraph on which denial is based.

Statement of Applicant: I do hereby agree to observe and adhere to any and all provisions of the Zoning Ordinance and Building Code of the 1, Pennsylvania, where applicable under the issuance of this Zoning Permit. And I do further agree that my failure to do so shall constitute a violation of this Permit, which Violation shall cause this Permit to become Null and Void, upon receipt of notification to that effect, in writing, from the Zoning and Codes Officer or other Duly Authorized Agent of the Commonwealth of Pennsylvania.

Signature: Owner Agent of Owner
