

**A SIGNED COPY OF THE CONTRACT MUST BE SUBMITTED WITH APPLICATION**



Tax Parcel # \_\_\_\_\_

Date \_\_\_\_\_

**DEMOLITION PERMIT APPLICATION**

*Willistown Township*

*688 Sugartown Road*

*Malvern, PA 19355*

Phone 610.647.5300

Fax 610.647.8156

**Property Address/Site Location:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

**Willistown Historic Structure (Review Required):**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Date Willistown Cleared Historic Structure for Demolition:** \_\_\_\_\_

**Other Historic Agency Review Clearance Required:** Yes \_\_\_\_\_ No \_\_\_\_\_

\*if YES submit review approval

**Date of Demolition:** \_\_\_\_\_

**Description of building** (including size of building, number of stories (basement), construction type and use) \_\_\_\_\_  
\_\_\_\_\_

**Prior to issuance of permit, applicant must provide proof of removal and capping of utilities and service connections including:**

Electric \_\_\_\_\_ Gas \_\_\_\_\_ Water \_\_\_\_\_ Telephone \_\_\_\_\_

Sanitary Sewer \_\_\_\_\_ Storm Water Leaders \_\_\_\_\_

**Prior to issuance of permit, applicant must provide notice to adjoining property owners** \_\_\_\_\_  
\_\_\_\_\_

**Method of disposal of debris** \_\_\_\_\_

**Restoration of affected area – fences, retaining walls, or permanent repairs to adjacent properties**  
\_\_\_\_\_  
\_\_\_\_\_

**INSPECTIONS REQUIRED:**

1. Site Inspection before Demolition \_\_\_\_\_
2. Utility Connections Removed and Capped \_\_\_\_\_

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3. Restoration of Affected Area \_\_\_\_\_

**Attach plot plan of proposed work, showing approximate location of demolition.**

**Property Type:** Residential \_\_\_\_\_ Commercial \_\_\_\_\_  
**Renovation Type:** Interior \_\_\_\_\_ Exterior \_\_\_\_\_

**I hereby testify that the signature below is that of the legal owner of the subject property, subject to penalty of law for unsworn statements to public officials**

**Property Owner's Signature** \_\_\_\_\_  
Please Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

*Please do NOT write below this line*

Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Code Administration Officer \_\_\_\_\_ Date \_\_\_\_\_  
Approved \_\_\_\_\_ Reason for Disapproval \_\_\_\_\_

Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_  
Approved \_\_\_\_\_ Reason for Disapproval \_\_\_\_\_

Historic Commission \_\_\_\_\_ Date \_\_\_\_\_  
Approved \_\_\_\_\_ Reason for Disapproval \_\_\_\_\_

Brandywine/Willistown Conservation Trust \_\_\_\_\_ Date \_\_\_\_\_  
Approved \_\_\_\_\_ Reason for Disapproval \_\_\_\_\_

National Land Trust \_\_\_\_\_ Date \_\_\_\_\_  
Approved \_\_\_\_\_ Reason for Disapproval \_\_\_\_\_

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**WILLISTOWN TOWNSHIP HISTORICAL COMMISSION  
and  
HISTORICAL and ARCHITECTURAL REVIEW BOARD**

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The Historical Commission meets once a month.  
The first Tuesday of each month at 7:00pm  
40 Lloyd Avenue, Suite 208A  
Malvern, PA 19355

PLEASE READ THIS INFORMATION CAREFULLY BEFORE COMPLETING THIS APPLICATION.

The Historical Commission can review your application without your presence or the presence of your authorized representative; however, unanswered questions concerning your application may cause tabling of your application until the next meeting that you can attend.

If you have any questions, please feel free to call the Township before you file this application; they will put you in touch with a member of the Commission to guide you through the process.

**Your application is due no later than 5 PM, two weeks prior to the Commission Meeting.** This will give the Commission time to review your application and prepare a preliminary report for the entire Board. A member of the Board may also call you to clarify questions regarding your application. You must answer all questions on this application (use "N/A" if not applicable) and include any current photographs, elevations, relevant drawings, specific lettering fonts (for signage), and old documents or photographs that you may have researched.