

DEMOLITION PERMIT APPLICATION
Greenwich Township

Date: _____

Permit Fee: _____

Check No.: _____

Date Paid: _____

Applicant (Owner): _____

Phone: _____

Address: _____

Cell: _____

Tax Map No. _____

Zoning District: _____

Description and size of building to be removed: _____

**ALL DEMOLITION MUST BE COMPLETED IN ACCORDANCE WITH
TOWNSHIP CODES AND ORDINANCES.**

Date: _____

Applicant's Signature: _____

Directions to Site:

* * * * *

Permit No: _____

Date Issued: _____

Approved by Permit Administrator: _____

Date: _____