

CITY OF ERIE
APPLICATION FOR DEMOLITION PERMIT
BUREAU OF CODE ENFORCEMENT

Permit #: _____	Date Issued: _____	Index #: _____
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Property Type: Residential _____ Commercial _____

Property Address: _____

Name of Owner: _____

Owner Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Name of Applicant: _____

Telephone: _____ **Email:** _____

Owner: _____ **Tenant:** _____ **Contractor:** _____

Work Description:

Demolition Type: Full Structure _____ Partial Structure _____

Accessory Structure _____ Interior Only _____

Dimensions of Demolition Area _____

Job Description: _____

Total Cost of all Labor and Materials: \$ _____

Applicant Signature

Date

Bureau of Code Enforcement
626 State Street, Room 407, Erie PA 16501
Ph: (814) 870-1473/ (814) 870-1313
Fax: (814) 870-1584