



**DEMOLITION APPLICATION/PERMIT
FOR ACCESSORY STRUCTURES**

Date of Application: _____

Permit Fee: _____

Please attach check payable to: Howe Township (See Howe Township Fee Schedule for amount)

Proposed Date of Commencement of Demolition: _____

Tax Parcel # _____ Permit # _____

Address of structure to be demolished:

Description of structure to be demolished:

Have all utilities to the structure being demolished been shut off? Yes ___ No ___

If not, why not? _____

If applicable, has or will the basement area below the surface of the ground been backfilled?

Yes ___ No ___ N/A ___

Owner: _____ Email Address: _____ Phone # _____

Address: _____

Contractor: _____ Email Address: _____ Phone # _____

Address: _____

Signature of Applicant: _____

FOR OFFICE USE ONLY:

Date Received: _____

Copy to Applicant: _____

Copy to CK-COG: _____

Signature: _____ Date Approved: _____