

# Borough of West Mayfield

## Permit Application

Indicate the Type of Permit you are applying for:

Building     Demolition     Excavation     Sign

Owner(s): \_\_\_\_\_

Property Address: \_\_\_\_\_, Beaver Falls, PA 15010

Contact Information: Primary Telephone: \_\_\_\_\_

Secondary Telephone: \_\_\_\_\_  Cell  Work

Provide a **Description & Cost** of the planned Project/Work: \_\_\_\_\_

\_\_\_\_\_ **Cost of Project:** \$ \_\_\_\_\_

**FEE:** ALL Permits are **\$60.00**

**MAKE CHECK PAYABLE to BOROUGH of WEST MAYFIELD**

4609 W. 8<sup>th</sup> Ave.

Beaver Falls, PA 15010

**Provide a Drawing** of the existing property showing all structures, streets and location of planned work as described above. If additional space is required use the back of this application or attach drawing.

### **Borough Use ONLY**

Application Rec'd: \_\_\_\_\_ Check No.: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

TPN: \_\_\_\_\_ Permit No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

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