

724-439-3144 Fax

REQUIRED CO	NTACT INFORMATION FOR SUBMITTAL				
NAME	PHONE				
EMAIL	_	Phone □ Email □			
PARTY RESPONSIBLE FOR PAYMENT (IF DIFFERENT FROM ABOVE)					
NAME	PHONE	•			
CO NAME	_				
ADDRESS		_			
EMAIL		Phone Email			
Please check l	now you would like to be contacted.				

UNIFORM CONSTRUCTION CODE (UCC) APPLICATION FOR MOBILE HOME REMOVAL

RESIDENTIAL OR COMMERCIAL (Please circle one).

(NOTE: Incomplete or Illegible applications cannot be processed). Please fill in all applicable information or write N.A.

OWNER INFORMATION			
ner/Company Name Mailing Address			
Property Owner Name	Email Address		Phone Number
LOCATION OF PROPERTY OF MOBIL	LE HOME		
Street Address	Lot #	City	Municipality
Parcel ID/Tax Map #	Subdivision		Lot Size
Demolition Start Date	Structure SF		Stories
DESCRIPTION OF MOBILE HOME			
Description			Dimensions
Reason for Removal			
Signature of Owner	Date		Signature of Authorized Agen

Applications and related documents can be sent to permitting@k2engineering.net.