COUNTY OF CLARION OFFICE OF ASSESSMENT AND REVISION OF TAXES

421 MAIN STREET CLARION, PA 16214
PHONE: 814-226-4000 FAX: 814-297-7997
Email: canthony@co.clarion.pa.us

BUILDING REMOVAL

Property Owner

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Building(s) Removed

Address of property: _____

Map Number: _____ Control Number: _____

Removal Date: _____ # of Buildings Removed: _____

Building Type: House Garage Shed Barn Business Other

Please Specify: _____

Removal Stage: Complete Removal Foundation remain Other

Please Specify: _____

Please attach any pictures if available

By signing below I agree that all of the above information is accurate. I understand that if such building(s) was/were not removed that I will be liable to pay a fine to cover the cost of the trip.

Property Owner Name (Print): _____

Property Owner Signature: _____ Date: _____

Please do not write below this line (Official Use Only)

Fieldwork Required: Yes No

Building Removed: Yes No

Removed by: _____
Name Date