

Demolition Permit Application

Date of Application: _____

Property Information

Location of Property: _____

Lot and Block or Parcel Number: _____

Subdivision: _____

Municipality: _____ County: _____

Owners Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Alternate Phone: (____) _____

Demolition Permit *(Pictures of the structure must be provided)*

One Family Dwelling Multi Family Dwelling Commercial: Use _____

Historical Building: Registration/Map # _____ Date (appx.) of construction _____

Reason for Demolition: _____

Total Sq St of Demolition: _____ Estimated Cost of Demolition: _____

Contractor Name: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

I hereby certify that the above information is true and correct. I hereby agree that all applicable provisions of the municipalities' codes shall be complied with, as well as the requirements of the municipal sewer and water authority whether specified or not.

I hereby certify that the above information is true and correct

Applicant Signature

Print Name

Date

For Dept Use Only

Demolition Permit Application Approved Denied

By: _____

Demo Permit Fee \$ _____

Date: _____

Training Fee \$ _____

Permit # : _____

Total Permit Fee \$ _____

Reason for Denial: _____

Paid by: _____ Date: _____