

DEMOLITION PERMIT / APPLICATION FOR PLAN APPROVAL

ADDRESS OF PROJECT: _____

APPLICANT NAME: _____ PHONE: _____

APPLICANT COMPANY (if any): _____

APPLICANT EMAIL: _____

PROPERTY OWNER NAME: _____ PHONE: _____

PROPERTY OWNER EMAIL: _____

BRIEF DESCRIPTION OF BUILDING(S) OR STRUCTURE(S) TO BE DEMOLISHED: _____

CIRCLE WHICH BEST DESCRIBES THE BUILDING TO BE DEMOLISHED:

1-, 2- OR 3-FAMILY DWELLING | 4 OR MORE FAMILY DWELLING | COMMERCIAL | OTHER: _____

PROVIDE THE FOLLOWING INFORMATION OF THE BUILDINGS OR STRUCTURES:

ESTIMATED COST OF DEMOLITION:	
TOTAL SQUARE FOOTAGE:	
TOTAL NUMBER OF STORIES:	
LAST KNOWN USE:	

APPLICANT CERTIFIES THAT ALL ABOVE INFORMATION IS CORRECT AND THAT ALL APPLICABLE LAWS AND ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THE PERMIT IS ISSUED AND THAT THEY ARE AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION.

APPLICANT SIGNATURE: _____ DATE: _____

FOR BUILDING DEPARTMENT PERSONNEL USE ONLY:		
APPLICATION #: _____	ZONING PLAN REVIEW FEE: (due at time of application):	\$ _____
	TOTAL AMOUNT DUE FOR PERMIT ISSUANCE:	\$ _____