



DEMOLITION PERMIT APPLICATION

OWNER: _____

MAILING ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL _____

SITE LOCATION: _____

CONTRACTOR (if not owner): _____

OFFICE # _____ CONTACT # _____ CR# _____

ADDRESS: _____

VALUE OF DEMOLITION: _____

START DATE OF DEMOLITION: _____ COMPLETION DATE: _____

SIGNATURE OF APPLICANT OR AGENT: _____

ADMINISTRATION ONLY

PERMIT FEE: _____

DATE PAID: _____

PARCEL NUMBER: _____

PERMIT NO: _____ ISSUE DATE: _____