APPLICATION FOR DEMOLITION PERMIT

Name of Owner/Applicant		Date of Application
Demolition Site Address		Application Fee
Contractor		Telephone Number
Zoning District:	Residential " R " Mixed Use " M " Institutional " I-1 " Institutional " I-2 "	Conservation "C" " Institutional "I-3"
Describe building(s)	&/or structure(s) on present site	
Provide age, history	and condition of <u>all</u> buildings to be demolished. A	ttach descriptions & information as needed.
Is building or structu	re on any Historical Record or Inventor? Ye	28 No
Reason building(s) o	r structure(s) are being demolished. Attach explan	nation and information as needed.
	ite (if applicable).	
*Attach scale drawi	ings/sketches for "Future Use" Plans – REQUIR tions shall be in accordance with the National Elec	RED *
equipment shall be n	ade except in conformity thereto. ig* OOPS 1-800-362-2764	
AN INCOME TAX OUT ALONG WIT	REGISTRATION AND SUB-CONTRACTOR H THIS FORM.	DISCOLSURE FORM MUST BE FILLED
	o Codes require submission and approval of plans t use that is intended to have traffic, use, or occupanc	
	T ATTEND PLANNING & ZONING MEETIN ity Center after 1 PM the day following the Zoning	
The above information	on is true and correct to the best of my knowledge	
Applicant's Signatur	e	Telephone Number
Printed Name		Address
DO NOT WRITE BI		City, State, Zip Code
	ZONING & PLANNING	REVIEW
Approved	Disapproved	Date
Permit No		ssion Chairperson or Zoning Inspector