



AP# _____

PERMIT # _____

APPLICATION FOR DEMOLITION PERMIT

Name & Address of Project		PARCEL#	
Building Owners Name		Telephone No.	
Street Address	City	State	Zip
Contractor	Telephone No.	Cell#	
Address	City	State	Zip

COMMERCIAL RESIDENTIAL

Height of Structure: _____ **Cost of Demolition: \$** _____

Demolition Start Date: _____ Method of Demolition: _____

Please submit the following:

- 1. Site plan – to scale showing location of all existing buildings and which building(s) will be razed.**
- 2. A copy of the environmental study completed for each structure to be razed. (if required)**
- 3. Statement that all utilities have been disconnected to affected buildings.**

Base Fee	57.50
1% STATE fee (1, 2 & 3 family dwellings)	_____
3% STATE fee (other than 1, 2 & 3 family)	_____
Total Permit Fee	_____

Signature of Applicant

Date