

DEMOLITION PERMIT APPLICATION

City Provided Permit	#		
Date:			
Address of Request:			
Tax Map #	Cu	rrent Zoning:	
Is this site located with	n the boundaries of	f the historic district?	
Currently a conforming	use?		
Any conditions of zonin	g, CUP's, etc.?		
Building Type:	Pest Abatemer	nt Letter:	
Contractor Informatio	n		
Name:			
Address:			
License #:			
E-mail address:			
Phone number:			



Property owner information
Property owner (please print):
Signature of property owner:
NOTICE
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.
Signature of Contractor:
CITY STAFF ONLY
Permit Issued By:
Date: Total Fee: