

APPLICATION FOR DEMOLITION PERMIT

NAME OF OWNER: _____
MAILING ADDRESS: _____
CITY: _____ STATE _____ ZIP CODE _____
TAX MAP SECTION: _____ BLOCK: _____ LOT: _____

PLEASE SKETCH BELOW THE STRUCTURE OR PART OF
STRUCTURE THAT IS TO BE DEMOLISHED, OR AFFIX A CLEAR
PHOTO OF THE SAME:

**YOU HAVE THIRTY (30) DAYS TO TAKE STRUCTURE DOWN
AND SIXTY (60) DAYS TO CLEAN IT UP IN ITS ENTIRETY.**

NAME OF CONTRACTOR: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
DATE: _____

OWNER/CONTRACTOR SIGNATURE

DATE: _____ APPROVED: _____ DENIED: _____

CODE ENFORCEMENT OFFICER

