

# DEMOLITION PERMIT APPLICATION

## TOWN OF DALEVILLE

Date: \_\_\_\_\_ Parcel Number: \_\_\_\_\_ Permit #: \_\_\_\_\_

Job Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Phone: \_\_\_\_\_ Property Owner's Email: \_\_\_\_\_

Type of Property (Choose One):      Residential      Business      Industrial

General Description of Work: \_\_\_\_\_

\_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

### CONTRACTORS PERFORMING THE WORK (OR WRITE OWNER IF APPLICABLE)

Contractor Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor E-Mail: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bldg Commissioner Approval: \_\_\_\_\_ Date: \_\_\_\_\_

### [FOR OFFICE USE ONLY]

Permit Cost: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

### INSPECTIONS / NOTES / VIOLATIONS

