

**DEMOLITION PERMIT APPLICATION**

Parcel # \_\_\_\_\_ Date: \_\_\_\_\_

**Building Location:** \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Permit Applicant** (check one):    \_\_\_\_\_ CONTRACTOR    \_\_\_\_\_ OWNER

Contractor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

State License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Fed ID No: \_\_\_\_\_

MESC No: \_\_\_\_\_ Workers Comp Carrier: \_\_\_\_\_ Exemption: \_\_\_\_\_

Contractors must provide a copy of insurance information and license.

**Description of Demolition:** \_\_\_\_\_

**Reason for Demolition:** (check one)    \_\_\_\_\_ Ordered Demolition    \_\_\_\_\_ Unsafe Structure    \_\_\_\_\_ To Be Replaced

\_\_\_\_\_ Other: \_\_\_\_\_ Building Dimensions: \_\_\_\_\_ x \_\_\_\_\_

I, \_\_\_\_\_ have included all required written confirmations.

Applicant Name

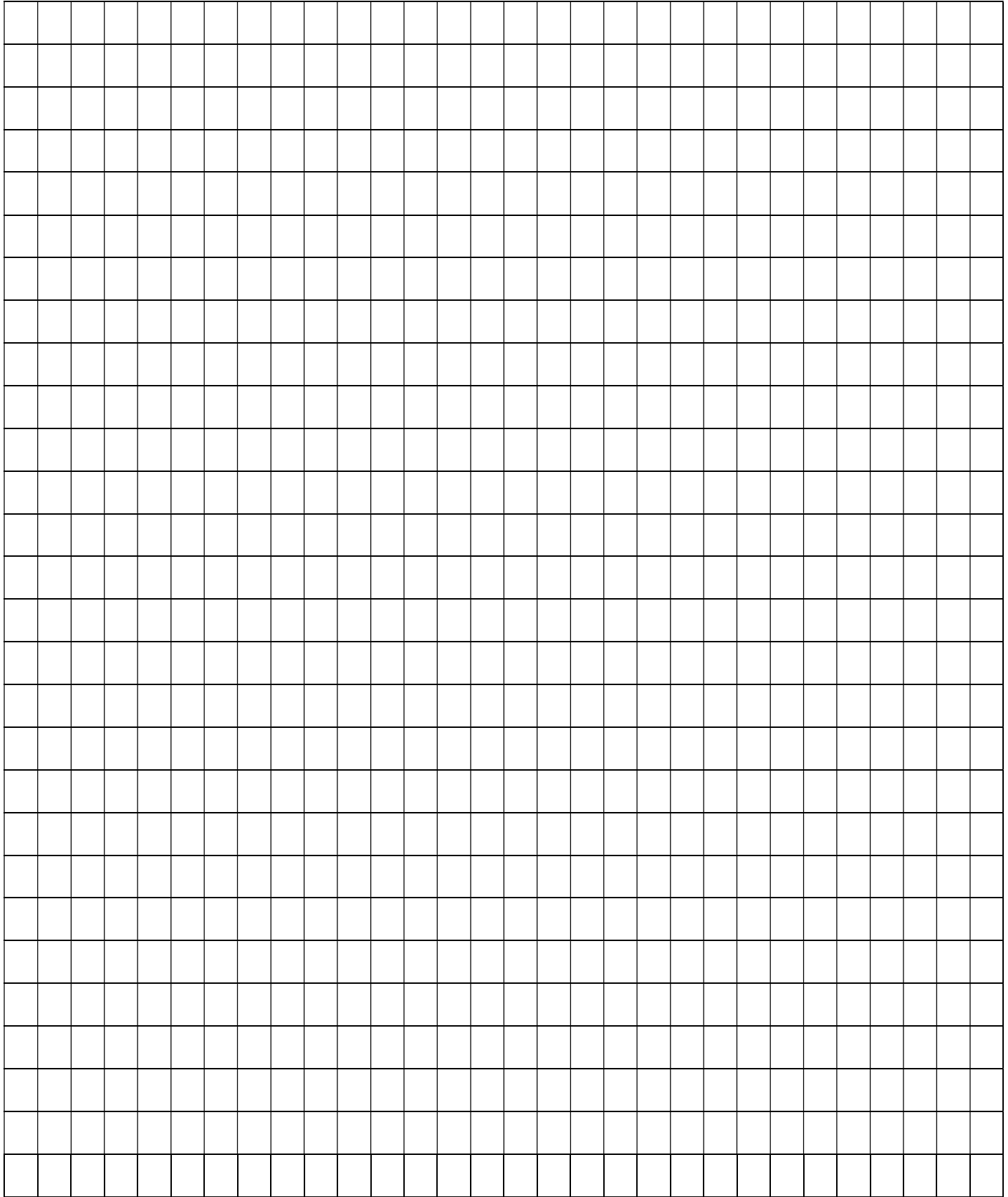
\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**\*\*\* Written confirmation must be submitted to Leslie Township Assessor once demolition completed \*\*\***

Date received \_\_\_\_\_ Approved By \_\_\_\_\_ Permit# \_\_\_\_\_

**SITE PLAN - Draw the location of all existing structures on the parcel and designate which building(s) are to be demolished.**



**INDICATE DIRECTION OF NORTH**