

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

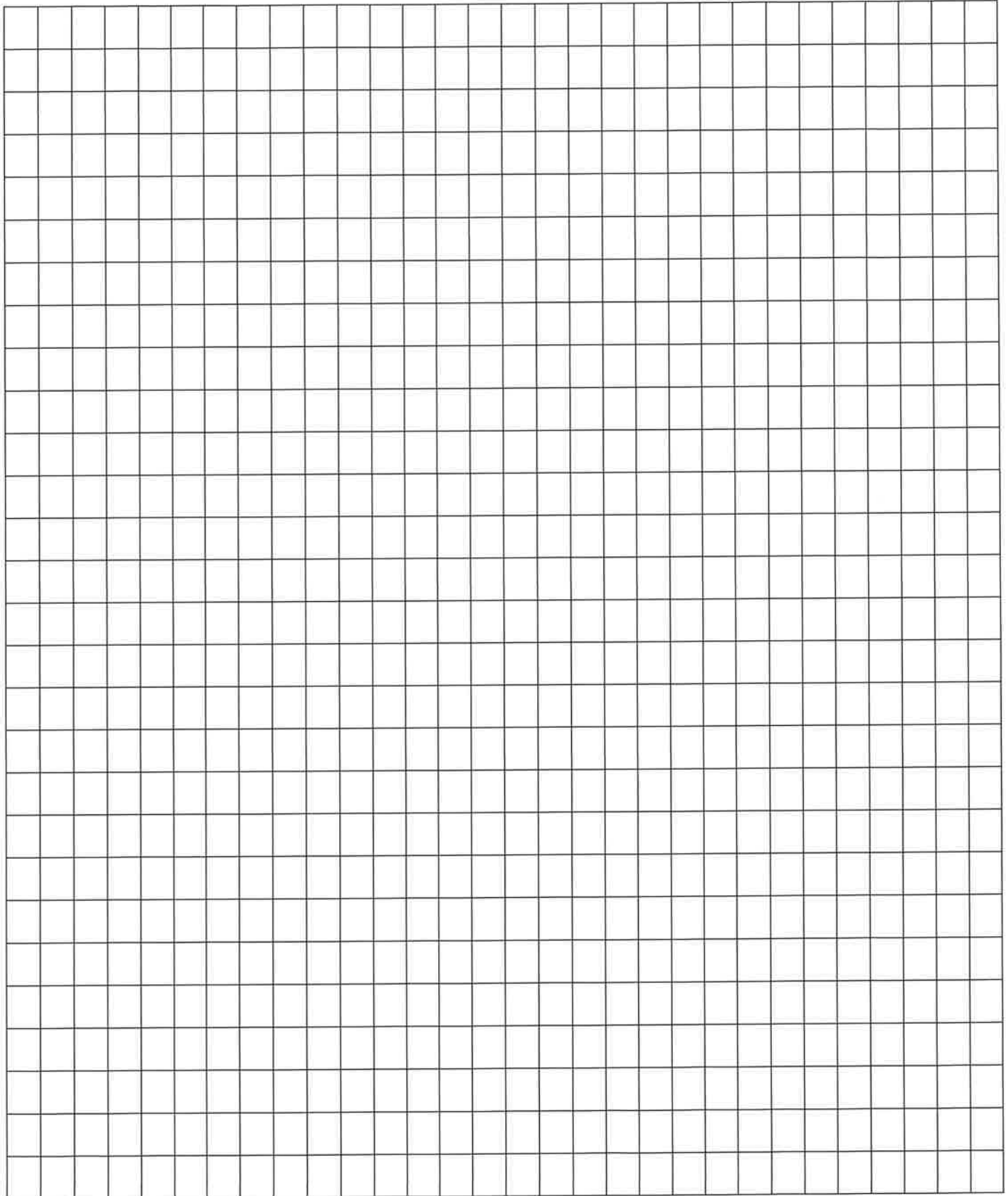
Applicant's Signature

Date

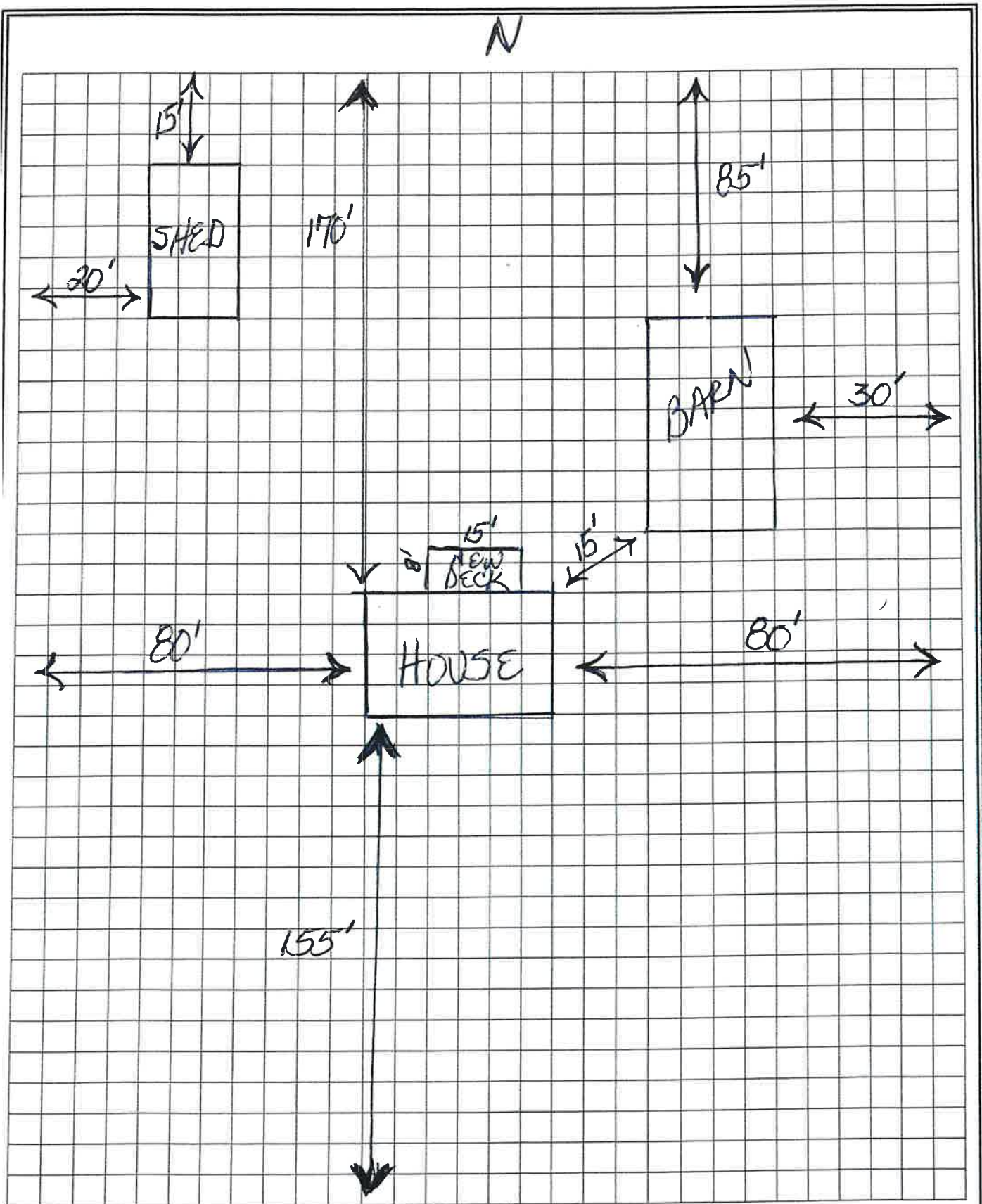
***** Written confirmation must be submitted to Leslie Township Assessor once demolition completed *****

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 POINT



INDICATE DIRECTION OF NORTH POINT:

ROAD

SAMPLE SITE PLAN