

Town of Delhi
Building and Zoning Department
Application for Demolition Permit

Date: _____

Permit #: _____

1. **Name of Owner** _____ Phone/Cell: _____

Address _____

2. **Name of applicant** *(if different)* _____

Address _____ Phone/Cell: _____

3. **Name of Contractor** _____ Phone/Cell: _____

Address _____

4. **Location of demolition:** _____ **Tax Map #:** _____

5. Is any asbestos present? _____ yes _____ no

6. Describe what equipment will be used and just how the building will be demolished:

7. Attach photograph of building.

8. Describe any buildings attached or within 100 feet of any building being demolished:

Print Name of Owner Date

Signature Date

John E. Mathiesen Code Enforcement Officer

Fee: _____ Check # _____ Receipt Number: _____ Cash _____

Rec'd By: _____ Date: _____