

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 _____

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 building attached or within 100 feet of any building being demolished:

Print Name of Owner Date

Signature Date

Code Enforcement Officer, Town of Delhi

Fee: _____	Check #: _____	Receipt #: _____	Cash: _____
Received by: _____		Date: _____	