

## **Demolition Permit**

Date: Parce	l ID Number:		
Applicant:			
Address:			
Phone:			
Owner:			
Address:			
Phone:	<u></u>		
Permit to:	_ Zoning District:		
Remarks:			
Permit Fee: \$500.00  POST THIS CAF	RD SO IT IS VISIBI	LE FRON	Л THE STREET
Building Inspection Approve	Plumbing Inspection Approvals		trical Inspection rovals

Permit will become null and void if construction work is not started within six months of the date the permit is issued as noted above.