For Office Use Only:
Permit #:_____ - _____

DEMOLITION APPLICATION

1. Property Owner's Name:_____ Phone:_____
   Mailing Address _____ Email:_____
   City, State, ZIP _____

2. **Property Location** _____ **City:** _____

   Election District: _____ Map: _____ Parcel: _____ Lot #: ____ Deed Ref: _____ / _____
   Acres / Sq Ft. _____

Office Use: Zoned District _____ Floodplan C / A

3. Existing Use of Structure_____
4. Proposed Demolition Work _____
5. Dimensions of Building(s) to be demolished_____
6. Area of Disturbance _____SF / ACRES (How much ground will be disturbed/moved.)

7. Type of Sewage Disposal: ❑ Private ❑ Public
8. Type of Water Supply: ❑ Private ❑ Public

9. **DEBRIS WILL BE HAULED TO:_____(required)**
10. Contractor _____

11. Setbacks:
    Front_____FT Distance to Well_____FT
    Side_____FT Distance to Septic_____FT
    Side_____FT Trees Removed_____
    Rear_____FT % Slope_____
    Distance to Mean High Tide_____

12. Entrances: ❑ New ❑ Existing ❑ Private Road
13. ❑ Submittal of Letter of Authorization (to submit the application on behalf of the property owner).
14. ❑ Submittal of a Site Plan showing the location of the structure that is proposed to be demolished.
15. **I hereby certify and agree that I:**
    1. am authorized to make this application,
    2. information is correct,
    3. grants County officials the right to enter onto the property for the purpose of inspecting the work permitted and posting notices.

Applicant's Name:_____

Applicant's Signature:_____ **Date:**_____

Address:_____ **Phone:**_____

I hereby certify and agree that: (1) I am authorized to make this application; (2) That the information is correct; and (3) I grant the County officials the right to enter onto the property for the purpose of inspection of the work and posting notices.
Applicant's Signature:_____

FOR OFFICE USE ONLY

Army Corps_____	**Health Department (Private)**_____
Attorney General/Home Registration_____	**MDE**_____
Building Inspector_____	**Public Works – Sanitary (Public)**_____
Code Enforcement _____	**Sediment Control**_____
Critical _____	**Stormwater Management**_____
Entrance_____	**Zoning**_____
Floodplain_____	**Other**_____

Application having been made for a zoning certificate and the proposed structures and usage being, I hereby issue this Building Permit for a period of six (6) months for the date hereof contingent to:

_____ _____
Date Zoning Administrator