

PERMIT #: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_

## Clarendon Township

Planning Commission: Dale Petersen, Chairman

### Application for Permit to Demolish Structure

*Location, ownership, and detail must be correct, complete, and legible.*

*Separate applications are required for every structure.*

Date: \_\_\_\_\_

The undersigned hereby applies for a permit to demolish according the following described specifications:

Location: \_\_\_\_\_

Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Owner: \_\_\_\_\_

(Name)

(Address)

(Telephone #)

Contractor: \_\_\_\_\_

(Name)

(Address)

(Telephone #)

Type of Structure to be Demolished: \_\_\_\_\_

Size of Structure: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_

Foundation Description: \_\_\_\_\_ Found. Disposal: ( ) On Site ( ) Off Site

Fire Dept. Approval (Oil Tank) \_\_\_\_\_ Date Issued: \_\_\_\_\_

Board of Health Permit # (if required): \_\_\_\_\_ Date Issued: \_\_\_\_\_

Police Dept. Approval (if required): \_\_\_\_\_ Date Issued: \_\_\_\_\_

Highway Dept. Approval (Bond if required): \_\_\_\_\_ Date Issued: \_\_\_\_\_

Remarks: \_\_\_\_\_

*All utilities must be disconnected before permit will be approved.*

*Attach letters of disconnect from utility companies.*

*Permit must be obtained before beginning demolishing or work of any kind.*

Estimated Cost: \_\_\_\_\_

Signature of Owner of Authorized Representative: \_\_\_\_\_

APPLICATION APPROVED BY: \_\_\_\_\_