



INSPECTION AND CODE ENFORCEMENT
 1801 WILLIAMS BOULEVARD
 BUILDING "B", ROOM 102

**APPLICATION
 DEMOLISH OR RELOCATE STRUCTURES**

APPLICATION NO: _____

PERMIT NO: _____

APPLICATION NO. <input style="width: 100%; height: 20px;" type="text"/>	NOTIFICATION OF DISCONNECTS	DATE <input style="width: 100%; height: 20px;" type="text"/>								
PERMIT NUMBER <input style="width: 100%; height: 20px;" type="text"/>	<table style="width: 100%; border: 1px solid black;"> <tr> <td style="width: 50%;">€ WATER</td> <td style="width: 50%;">DATE: _____</td> </tr> <tr> <td>€ GAS</td> <td>DATE: _____</td> </tr> <tr> <td>€ POWER</td> <td>DATE: _____</td> </tr> <tr> <td>€ SEWERAGE</td> <td>DATE: _____</td> </tr> </table>	€ WATER	DATE: _____	€ GAS	DATE: _____	€ POWER	DATE: _____	€ SEWERAGE	DATE: _____	INSPECTOR <input style="width: 100%; height: 20px;" type="text"/>
€ WATER	DATE: _____									
€ GAS	DATE: _____									
€ POWER	DATE: _____									
€ SEWERAGE	DATE: _____									
PERMIT FEE <input style="width: 100%; height: 20px;" type="text"/>		INSPECTOR <input style="width: 100%; height: 20px;" type="text"/>								

APPLICANT'S NAME	STRUCTURE RELOCATION		
APPLICANT'S ADDRESS	PARCEL/SUBDIVISION		
TELEPHONE NO:	SQUARE	LOT	ZONE
OWNER'S NAME	TYPE OF CONSTRUCTION		
OWNER'S ADDRESS	STRUCTURE'S NEW LOCATION		
TELEPHONE NO:	PARCEL/SUBDIVISION		
CONTRACTOR'S NAME	STRUCTURE DEMOLITION		
CONTRACTOR'S ADDRESS	ADDRESS		
TELEPHONE NO:	PARCEL		
COMMENTS	SUBDIVISION		
	SQUARE		
	LOT		
	TOTAL SQUARE FOOTAGE:		
APPLICANT'S SIGNATURE	COST OF DEMOLITION:		