



**APPLICATION
DEMOLISH OR RELOCATE STRUCTURES**

APPLICATION NO: _____

PERMIT NO: _____

APPLICATION NO. _____	NOTIFICATION OF DISCONNECTS		DATE _____
PERMIT NUMBER _____	€ WATER _____	DATE: _____	INSPECTOR _____
PERMIT FEE _____	€ GAS _____	DATE: _____	_____
	€ POWER _____	DATE: _____	INSPECTOR _____
	€ SEWERAGE _____	DATE: _____	_____

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