



ADMINISTRATIVE SERVICES
DEMOLITION APPLICATION

Property Owner's Name: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Property Tax I.D. Number: _____

Square Footage: _____

Contractor Name: _____

City Registration #: _____ Estimated Cost of Demo _____

Contractor's Affidavit: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Signature: _____

Sworn to and subscribe before me by _____ who is

Personally known to me or produced _____ as identification, this

_____ Day of _____, 20 _____

Notary's Signature: _____

Commission No. /Expiration: _____

Seal: