

PERMIT NO. _____
PERMIT CHARGE: _____

APPLICATION FOR DEMOLITION PERMIT

TOWN OF PRESTON, MARYLAND

STREET ADDRESS OF LOCATION TO BE DEMOLISHED _____

OWNERS NAME _____

OWNERS ADDRESS AND PHONE NUMBER _____

CONTRACTOR DOING THE DEMOLITION _____

CONTRACTORS ADDRESS AND PHONE NUMBER _____

CONTRACTORS LICENSE NUMBER _____

OF UNITS FOR DEMO _____

SIZE OF LOT _____

SIZE OF FOOTING _____

TYPE OF HEATING _____

IS THERE A BASEMENT _____

UTILITIES _____

WATER

SEWER

ELECTRIC

WELL SEPTIC

GAS

HAVE ALL UTILITIES BEEN DISCONNECTED YES _____ NO _____

ESTIMATED COST _____

OWNER/AGENT _____

SIGNATURE

START DATE _____

COMPLETION DATE _____

NOT TO EXCEED 30 DAYS – EXSTENTIONS BY WRITTEN REQUEST

APPROVED BY INSPECTOR _____ DATE _____

APPROVED BY COMMISSION _____ DATE _____

DENIED _____ REASON FOR DENIAL: _____

DATE: _____