



**APPLICATION
for
DEMOLITION PERMIT REVIEW**

Received by Building
Inspections Department

Application Date: _____

Please ensure all applicable fields are completed.

Address of building proposed to be demolished: _____

Applicant

Property Owner (if different)

Name

Name

Address

Address

Phone number

Phone number

E-mail

E-mail

Description of building: _____
(e.g., colonial farmhouse, cape cod colonial)

Number of stories: _____

Current use: _____
(e.g., home, retail business, vacant etc.)

Additions/other identifying features: _____

Description of and reason for demolition: _____

Description of proposed re-use: _____

Age of building listed on Assessor's Field Card _____

Does the building lie in the FEMA FIRM Velocity Zone (circle) Yes or No

Additional Information that is helpful to the Historical Commission:

Applicant's signature

Date

Property owner's signature (if different)

Date

The following to be completed by Historical Commission

DETERMINATION

€ Significant

Hearing date scheduled: _____
(date)

Building Inspector notified: _____
(date)

Owner notified: _____
(date)

Date

€ Not Significant

Building Inspector notified: _____
(date)

Owner notified: _____
(date)