APPLICATION FOR DEMOLITION PERMIT

TOWN OF SULLIVAN
1888 US HIGHWAY 1
SULLIVAN, ME 04664

DATE _____ PERMIT # _____

Applicant Name _____ Telephone

_____

Street Address _____

Town _____ State _____ Zip _____

TYPE OF STRUCTURE TO BE DEMOLISHED _____

OTHER BUILDINGS ON SITE IF ANY _____

MAP_____LOT_____

MOBILE HOME: YEAR_____ MAKE_____SIZE_____

COLORS_____SERIAL NUMBER_____

Owners name, address and telephone # if different than above:

Name_____

Address_____

Telephone #_____

TO BE DEMOLISHED / REMOVED BY_____

REAL ESTATE TAXES PAID THROUGH TAX YEAR Date: _____

Owners of the property requesting this permit gives the Code Enforcement Officer of the Town of Sullivan Permission to enter said property for the purpose of Inspection to ensure compliance with all the Building Codes and Ordinances.

_____ _____

Signature of Applicant **Date**

_____ _____

Code Enforcement Officer **Date**