

# Town of Searsport

## Demolition Permit Application

Permit fee:	Receipt number:	Date:
Permit Number:	Date Issued:	

### Location of Work

Map/ Lot:	Street Address:
-----------	-----------------

### Contact Information

	Name	Address/E-mail	Home Phone/Cell Phone
Applicant			
Owner			
Contractor			

### Demolition

Use/Number of Units:	Hazardous materials*: Yes/No _____
Total square footage:	Number of stories: _____
Date of Original Construction:	Reason for Demolition: _____

\*Asbestos Survey and DEP submittals must accompany application for all commercial and multifamily dwellings

I hereby certify that, to the best of my knowledge, the information provided herein is accurate and true. I understand that the property owner is responsible for compliance with all applicable codes.

\_\_\_\_\_  
Signature of Owner/ Agent

\_\_\_\_\_  
Date

### For Office Use Only

Construction Type:	Current Use:	Zoning District:
Date Inspected:	Historic/ Significant Building: Y N	Date Referred to HPC:

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denial \_\_\_\_\_