DEMOLITION PERMIT APPLICATION

EMAIL TO: **permits@avoypj.org**

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This Section to be filled out by Permitting Department ONLY:

☐ Approved	By:	Permit #
☐ Not Approved	Date:	

Date of Application REQUIRED: _____

SITE INFORMATION

Address _____

Unit/Apt/Suite *(if applicable)* _____ Zip Code _____

Municipality (*city, town, etc*) _____

Structure Type (check one) _____ Gross Floor Area (*under roof*) _____

☐ Residential ☐ Commercial ☐ Other: _____ No. of Stories _____

Describe Structure(s) to be Demolished _____

PROPERTY OWNER CONTACT INFORMATION

Owner Name _____

Mailing Address _____

Phone Number _____

APPLICANT INFORMATION

Applicant Name _____

Mailing Address _____

Phone Number _____ Email _____

DEMOLITION INFORMATION

Reason for Demolition _____

Proposed Start Date _____ Estimated Completion Date _____

Contractor *(if applicable)* _____

Contractor Phone Number _____

Briefly describe the demolition work to be performed and any safety measures that will be taken.

Applicant Signature _____ Date _____