



DEMOLITION PERMIT

Fee - \$100

Date: _____ Permit # _____

Name: _____

Address: _____

Mailing Address (If Different):

Phone Number: _____

Tax Map #: _____

Description of Building: _____

Vacancy Date: _____

Contractor (Must be licensed with the Town of Bridgeville):

Address: _____

Project Cost: \$ _____ Demolition Date: _____

Signature

Town Official Name, Title