



# Demolition Permit

Permit Number \_\_\_\_\_

Name of property owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Property owner address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Demolition site location (Street address): \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Zoning: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Describe the method of demolition: \_\_\_\_\_

Date of demolition work to begin: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Disposal site of construction debris: \_\_\_\_\_

Market valuation of all work to take place under this permit: \$ \_\_\_\_\_

Date of Asbestos Inspection: \_\_\_\_\_

Required Submittals: Three (3) Copies of Application with demolition plans  
Three (3) Copies of Asbestos Certification  
Three (3) Copies of Abatement Plan

I agree to allow no work for which separate permits are required until such permits are obtained from the Town of Argyle. I have carefully read and examined the complete application and understand the same is true and correct and hereby agree that if a permit is issued, all provisions of **local, State, Federal Laws** will be complied with, whether herein specified or not. I further agree to comply with property restrictions. I am the Owner of the above property or his duly authorized agent. **I agree to conform and abide by all regulations and restriction imposed upon construction by agencies of the United States government.**

Sign: \_\_\_\_\_ Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Office Use Only

Received Date: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Fee Amount: \_\_\_\_\_ Receipt # \_\_\_\_\_