

BUILDING PERMIT APPLICATION FORM
DEMOLITION

CONTRACTOR NAME: _____ DATE: _____

LICENSE # (COPY OF LICENSE REQUIRED): _____

ADDRESS: _____ PHONE #: _____

OWNER NAME: _____

ADDRESS: _____ PHONE #: _____

TYPE JOB: _____ PROPOSED USE: _____

DIRECTIONS TO JOB FROM BOYDTON: _____ SUBDIVISION NAME: _____ LOT#: _____

BUILDING SIZE: _____ W _____ L

2ND STORY: _____ W _____ L

TOTAL SQUARE FEET: _____

COST OF JOB (ESTIMATED): _____

PUBLIC WATER: _____ PUBLIC SEWER: _____ PRIVATE WELL: _____ PRIVATE SEWAGE SYS.: _____

NAME OF APPLICANT: _____ PHONE #: _____

EMAIL ADDRESS: _____ CHECK IN MAIL: _____ PICK UP & PAY: _____

SIGNATURE OF APPLICANT: _____