TOWN OF MADISON

<u>AFFIDAVIT IN SUPPORT OF APPLICATION FOR DEMOLITION PERMIT</u>

1.	My name is	[name] and I am over the ago	e of eighteen (18) and
	believe in the obligations of an oa	th.	
2.	I, the undersigned, am the applica	nt for a demolition permit for the building/struc	cture known as
	[building name, if any]		,
		, Lot Number	
3.			
4.		, and has a footprint area of	
	square feet and a floor area of	square feet.	
5.	I have attached the names and mailing addresses of the owners of all properties adjoining the property on which the building/structure to be demolished is located along with the name and mailing address of any association in which it is located and a copy of the Assessor's map. (<i>Omit for building less than 60 years old.</i>)		
6.	Demolition Permits for Buildings	oose of compliance with Town Ordinance titled or Structures over Sixty Years Old". I understan rue, that will be grounds for the denial or subseq	d that if the statements
Da	ated at	[city/town where this is being signed], this	[day] of
	[month],	[year].	
[signature]		[legibly print or type name]	
	[mailing address]		[phone]
Su	abscribed and sworn before me this	day of	
	Notary Public	_	
M	y Commission Expires on:		
	days prescribed with the ordinance. De. The above applicant has complied with the Demolition may proceed.	e terms of the Demolition Delay Ordinance and no object molition may proceed. e terms of the Demolition Delay Ordinance and the 90 day less than 60 years old or less than 500 square feet. Demo	y delay period has expired.
	signed	, Zoning Enforcement Officer Date: _	