

**BUILDING AND ZONING DEPARTMENT
TOWN OF MIDDLETOWN
PO BOX 577
MARGARETVILLE, NY 12455
(845) 586-2344/FAX (845) 586-1775**

APPLICATION FOR DEMOLITION PERMIT

Name of Owner _____

Address _____

Name of Applicant (if different) _____

Address _____

Contractor _____

Address _____

Location _____ Tax map # _____

Is any asbestos present? _____ yes _____ no

Describe what equipment will be used and just how the building will be demolished?

Attach photograph of building.

Describe any buildings attached or within 100 feet of any building being demolished.

Print name of owner

Signature