

Town of Scipio Code Enforcement Office

Application for Demolition

Building to be demolished is _____ located
at _____

Name of Owner: _____ Phone: _____

Address: _____

Contractor: _____ Phone: _____

Contractor's Insurance Certificate for demolition provided Yes ___ No ___

Asbestos Survey required. Yes ___ No ___

Description of work and comments:

I so swear that the project is only as stipulated above and no other work will be done
under this application.

Applicants Signature

Date

Application: Approved ___ Rejected: ___ Date: _____

Signed: _____, Code/Zoning Officer