

# **Town of Tufonboro**

## DEMOLITION PERMIT

Name of Owner \_\_\_\_\_ Map-Block-Lot # : \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_ Date : \_\_\_\_\_  
Type of Building: \_\_\_\_\_

### **Asbestos Inspection Needed for Removal of all Buildings.**

Strategy for Disposal of Debris:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Code Enforcement Officer**

\_\_\_\_\_  
**Approval Date**

**Approved   Rejected**

**Permit Number:** \_\_\_\_\_