

Town of Tufonboro

DEMOLITION PERMIT

Name of Owner _____

Map-Block-Lot # : _____

Mailing Address _____

Phone # _____

Street Address _____

Date : _____

Type of Building: _____

Strategy for Disposal of Debris:

Signature of Applicant

Signature of Code Enforcement Officer

Date

Approval Date

Approved Rejected

Permit Number: _____