

**TOWN OF HOUNSFIELD DEMOLITION PERMIT APPLICATION**  
**\$35.00**

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

Location of land on which  
proposed work will be done \_\_\_\_\_

Zone in which parcel is located \_\_\_\_\_

Tax Map Number \_\_\_\_\_

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Applicant (if different than owner) \_\_\_\_\_

Applicant Address \_\_\_\_\_

Applicant Phone Number \_\_\_\_\_

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Name of Contractor \_\_\_\_\_

Contractor Address \_\_\_\_\_

Contractor Phone Number \_\_\_\_\_

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Number of Structures Involved \_\_\_\_\_

Description of Disposal of Debris \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date \_\_\_\_\_

Date Approved \_\_\_\_\_

Payment \_\_\_\_\_

Zoning Officer Signature \_\_\_\_\_