



TOWN OF NORTHPORT

16 Beech Hill Road
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www.northportmaine.org

A community of neighbors, a tradition of caring since 1796.

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Demolition Permit Application

Property Location:		Owner's Name:	
Owner's Address:		Owner's Phone:	
Applicant's Name:		City/Town:	
Applicant's Address:		Phone:	
Contractor's Name		Phone:	

BUILDING INFORMATION

TAX MAP-LOT NUMBER	IS BUILDING SERVICED BY ELECTRICITY?	SQUARE FEET OF STRUCTURE
	YES <input type="checkbox"/> NO <input type="checkbox"/>	
FULL BASEMENT		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

EXISTING OR PREVIOUS USE OF BUILDING TO BE DEMOLISHED

DWELLING		BRIEF DESCRIPTION OF WHAT IS TO BE DEMOLISHED:
BARN		
GARAGE		
SHED		
OTHER		

I HEREBY CERTIFY THAT THE OWNER HAS AUTHORIZED THE PROPOSED DEMOLITION AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION. I ALSO CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND AGREE TO CONFORM TO ALL APPLICABLE LAWS.

SIGNATURE OF OWNER/APPLICANT	DATE:

BY SIGNING THIS APPLICATION, THE APPLICANT AGREES TO THE FOLLOWING:

1. DEMOLITION DEBRIS SHALL BE DISPOSED OF PROPERLY.
2. APPROPRIATE SAFETY PRECAUTIONS SHALL BE IN PLACE PRIOR TO START OF DEMOLITION.
3. DEMOLITION PERMIT REQUIRES SEWER LINE CAPPED, WATER LINE SHUT OFF AND ELECTRICITY REMOVED FROM STRUCTURE.
4. ASBESTOS BUILDING DEMOLITION NOTIFICATION FORM D TO BE COMPLETED AND ATTACHED TO APPLICATION.