

TOWN OF BALLSTON
BUILDING DEPARTMENT
DEMOLITION PERMT

Date: _____

Owner: _____ Telephone # _____

Address of Job: _____

Contractor: _____

Address: _____ Phone # _____

	By	Date
Gas Disconnected	_____	_____
Electricity Disconnected	_____	_____
Water Disconnected	_____	_____
Telephone Disconnected	_____	_____

Value of Property Demolished: _____

Disposal Site Location: _____

Asbestos Check Required? Yes No If yes, attach copy of results to this application.

Remarks: _____

Signature of Applicant: _____ Date: _____

For Office Use Only

Approved by: _____ Permit No. _____

Fee: _____ Section _____ Block _____ Lot _____

