



**TOWN OF MOUNT DESERT
DEMOLITION
PERMIT APPLICATION**

APPLICANT/AGENT: _____

APPLICANT/AGENT ADDRESS: _____

APPLICANT/AGENT PHONE NUMBER: _____

PROPERTY OWNER(S): _____

OWNER(S) ADDRESS: _____

OWNER(S) PHONE NUMBER: _____

LOCATION/PROPERTY ADDRESS: _____

TAX MAP & LOT NUMBER: _____

PROPERTY USE: _____

ZONING DISTRICT: _____

CONTRACTOR: _____

CONTRACTOR'S ADDRESS: _____

CONTRACTOR'S PHONE NUMBER: _____

FLOOD ZONE: _____

TYPE OF STRUCTURE BEING DEMOLISHED: _____

START DATE: _____ **COMPLETION DATE:** _____

IMPORTANT NOTICE

Prior to demolition the applicant is required to contact John Cullen at the Department of Environmental Protection at 941-4565 to determine compliance with DEP and EPA regulations.

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT. A LETTER OF AUTHORIZATION IS ATTACHED.

I HEREBY CERTIFY THAT THE INFORMATION IN THE APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF THE APPLICANT'S KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT **DATE**