

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 (INCLUDE A SCALED DETAILED SITE PLAN):

START DATE: ______ COMPLETION DATE: _____

IMPORTANT NOTICES

Areas located within two hundred and fifty (250) feet, horizontal distance, of the normal high-water line of any great pond; within 250 feet, horizontal distance, of the upland edge of a coastal wetland, including all areas affected by tidal action; within 250 feet of the upland edge of a freshwater wetland; or within seventy-five (75) feet, horizontal distance, of the normal high-water line of a stream shall notify **The Department of Environmental Protection at 207-941-4570 to determine compliance with DEP and EPA regulations.**

I understand that the Maine DEP requires that an Asbestos Inspection Form be completed prior to renovation or demolition projects and a copy of this form is attached hereto o I understand that if the building/structure to be demolished requires asbestos inspection or abatement that it will be conducted in accordance with Maine DEP regulations.

If you have any questions on asbestos, or state and federal asbestos regulations, please call the DEP's Lead & Asbestos Hazard Prevention Program at (207) 287- 2651. An up-to-date list of DEP-licensed asbestos contractors and consultants is available from the department by calling (207\ 287-2651 or on the internet at <u>www.maine.gov</u>.

I understand that a Demolition Permit will not be issued until the Code Enforcement Officer has received all information. No work may begin until a Demolition Permit has been issued.

The above information and the information contained on any attachments is correct.

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.

SIGNATURE OF APPLICANT

DATE