

**TOWN OF ROCKLAND
DEMOLITION PERMIT**

Application Date _____

Parcel# _____

Current Zoning _____

OWNER

AGENT

Name _____

Name _____

Address _____

Address _____

City State Zip

City State Zip

Telephone _____

Telephone _____

Cell _____ Fax _____

Cell _____ Fax _____

Email _____

Email _____

Estimated Start date _____

Estimated Completion Date _____

Contractor Name _____

WI License # _____

Address _____
Street City State Zip

E-mail _____

Phone _____

Description and type of demolition _____

Route to be used to dispose of debris _____

Location debris will be moved to and manner in which it will be moved _____

Please complete the following:

1. Will your utility company be notified or are your utilities disconnected?
2. Will your telephone company be notified or is your service disconnected?
3. Will your cable company be notified or is your service disconnected?
4. Will your well be properly capped or disconnected?
5. Will your septic field and tank be properly capped, sealed, or removed?
6. Is the septic field and tank marked and are the markers visible?
7. Will you obtain all required town, county, state and federal permits?
8. Will the basement be buried or removed?
9. Will the garbage be removed from the site?
10. Will the site be restored to its original condition and seeded?
11. Will there be any standing water on the site after demolition?
12. Will all hazardous material be properly disposed of?
13. Is there any noticeable damage to Town property before the demolition begins?
14. Will you provide a copy of your Certificate of Insurance to put on file with the Town?

YES	NO	N/A
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The applicant/owner is responsible for the accuracy of the information provided. The applicant/owner of above parcel(s) hereby gives their permission to the Town of Rockland, its staff/employees, agents, and/or appointees to enter the property for purposes of this request during reasonable hours.

The undersigned applicant/owner hereby applies for a demolition permit on the parcel as herein described above. Upon approval, the applicant/owner agrees that all structures and work performed on this property will conform to or exceed the minimum requirements set forth in the Rockland Code of Ordinances in addition to all other local, county, state or federal regulations. Upon approval of this application, the owner agrees that should a violation be found by Zoning Administrator, said violation shall be corrected immediately at the owner's expense upon notification; otherwise each day thereafter shall constitute a separate offense.

Signature of Owner: _____ Date: _____

Signature of Agent for Owner: _____ Date: _____

Signature of Contractor: _____ Date: _____

DISPOSITION (For Office Use Only):

Permit Fee: _____ Check# _____ Permit# _____

Approved/Denied _____ Date: _____
 Zoning Administrator Signature

Security Deposit Received _____ Check Number _____