

TOWN OF CLAYTON

DEMOLITION PERMIT

Fee: Please see fee schedule

Project Location: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Please provide the following information relative to the proposed demolition project:

Demolition Contractor's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Start Date: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Project salvage and/or waste site: \_\_\_\_\_

Building Inspector Certification:

\_\_\_\_\_  
Town of Clayton, Building Inspector