

CITY OF ST. JOHN
Demolition Permit Application
(An incomplete application cannot be accepted)

Office Use Only

Permit #: _____

Application Date: _____

Fee Charged: \$10.00 – Not connected to Sewer/ Gas Line
 \$20.00 – All other buildings or structures

APPLICANT/COMPANY NAME: _____

Contact Name: _____ Phone: _____

Email Address: _____

Address: _____ City: _____ ST: _____ Zip: _____

Property Name: _____

Contact Name: _____ Phone: _____

Email Address: _____

Address: _____ City: _____ ST: _____ Zip: _____

PROJECT ADDRESS/LEGAL DESCRIPTION: _____

TYPE OF DEMOTION:

- Interior, non-structural Residential Building Commercial Building
 Septic Tank Swimming pool (commercial or residential)
 Other: _____

DESCRIPTION OF WORK *(including dimensions, of building or structure)*

PLOT PLAN OF PROPERTY: (Show measurements of property, location of existing structures and proposed structures, size of structures, distances from property lines and other structures).

ESTIMATED COMPLETION DATE: _____

I hereby affirm that the information contained herein is true and correct to the best of my knowledge and agree to conform to all the regulations stated in the Code of the City of St. John, Chapter 8, Article 10 covering this type of permit. I understand failure to comply with these provisions may result in the revocation of the permit.

Applicant Signature: _____ Date: _____

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--City Use Only—Final Inspection

Received Date _____

Inspection Date _____

COMPLETION: APPROVED DENIED

COMMENTS:

Date: _____

By: _____
Public Officer

.....
Release Date of Bond: _____

Bond Name: _____ Amount of Bond: \$ _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

By: _____
Public Officer