

TOWN OF HOPKINTON
APPLICATION FOR
DEMOLITION PERMIT

DATE _____

APPLICATION NO _____ FEE _____

PERMIT NO _____ RECEIVED PAYMENT _____

APPLICANT: PLEASE PRINT ALL INFORMATION REQUESTED

NAME OF OWNER: _____

ADDRESS OF OWNER: _____

PHONE NUMBER: _____

LOCATION OF PROPOSED DEMOLITION: _____

TAX MAP I.D. NUMBER: _____

DESCRIBE BUILDING TO BE DEMOLISHED: _____

NAME OF CONTRACTOR: _____

ADDRESS OF CONTRACTOR: _____

PHONE NUMBER OF CONTRACTOR: _____

I or We certify that the facts and declarations of intent set forth above are true and are intended to be relied upon by the Town of Hopkinton.

APPLICANT SIGN HERE: _____

APPLICATION: GRANTED _____ DENIED _____
