



**THE
AUTHORITY**
Improving your Tomorrow.

DERELICT BUILDING APPLICATION

MUNICIPALITY REQUESTING TONNAGE: _____

ADDRESS OF MUNICIPALITY: _____ PHONE # _____

CONTACT INFORMATION: NAME _____ PHONE # _____

ADDRESS OF BUILDING TO BE DEMOLISHED:

STREET: _____ CITY OR TOWN: _____

BLOCK: _____ LOT: _____

IS THE BUILDING PROPERTY OF THE MUNICIPALITY: YES _____ NO _____

IF NOT OWNED BY MUNICIPALITY, PLEASE PROVIDE CURRENT OWNER AND DEED. FURTHER INDEMNIFICATIONS AND CERTIFICATIONS ARE REQUIRED FOR PROPERTIES NOT CURRENTLY OWNED BY MUNICIPALITY.

SIGNATURE OF AUTHORIZED MUNICIPAL REPRESENTATIVE: _____

DATE: _____

DO NOT WRITE BELOW THIS LINE

BUILDING INSPECTION COMPLETE: YES _____ DATE OF INSPECTION: _____

BY WHOM: _____ SIGNATURE: _____

FINAL APPROVAL: YES _____ NO: _____

SIGNATURE: _____ PRINT NAME: _____