

## City of McFarland Demolition Application & Permit

Date of Application: \_\_\_\_\_ 20\_\_\_\_ Application type:  Commercial  Residential

Property Information	Demolition Type
Address: _____	Proposed Date of Demolition: _____
Lot _____ Block _____	<input type="checkbox"/> Entire Structure
City / Zip: _____	<input type="checkbox"/> Partial / identify the exterior wall(s), roof or portion of wall(s) and roof to be demolished.
Current use: _____	_____
_____	_____
_____	_____

Applicant	Owner
Name: _____	Name: _____
Address: _____	Address: _____
City / Zip: _____	City / Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Structural Information	Demolition Contractor Information
Square Feet: _____	Company: _____
Type of Structure (wood, brick, stucco, etc.) _____ _____	Address: _____
Foundation Material: _____	City / zip: _____
Circle Foundation Type: Basement; Slab; or Crawl Space	Phone: _____
	Email: _____
	FAX: _____

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_ 20\_\_\_\_  
(If different from owner)

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_ 20\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Seal)

\_\_\_\_\_  
Signature of City Clerk