

Phone (845) 266-5853 Fax (845) 266-5704 www.townofclinton.com

DEMOLITION PERMIT APPLICATION

TOWN OF CLINTON

GRID:		ERMIT:(For ofc. use)
	ZONING DIS	STRICT:
Name of Applicant:		
Daytime Telephone:		
Does project require boar	d approval: Yes Which Boa Date Grant	rd No
	n the applicants' name? Yesonsent of Authorization to Act is requ	No
NATURE OF PROPOSE	D WORK	
Additions to pr	Principal Building or Access	ory Structure
Renovation/Convers	ture type:ion ofPrincipal Building or	Accessory Structure
SIZE OF PROPOSED CO		
HEIGHT:ft Numb	ft Sideft. Sideft	
NATURE OF USE OF PL	ROPOSED WORK:	
Architect or Engineer of I	Record:	
Address:		
Telephone:		
PRIME CONTRACTOR	/BUILDER:	
Telephone:		
Number of existing struct	non-conforming lot?	
Is the lot a pre-existing n	non-conforming lot?	
Describe non-conformi	ity:	
Present Address:		
Is the site within a flood p		
Is the site within a protect	ted wetland?	
Estimated Cost:		
Date Received	Fee paid:	
Approved	Denied-reason	
Building Inspector		Zoning Enforcement Officer