



TOWN OF KENSINGTON

DEMO PERMIT APPLICATION

DEMO PERMIT# _____
TAX MAP ___ LOT ___ Fee \$ _____ Check# _____
Date rec'd at town office _____ Rec'd by _____

1. OWNERS NAME: _____ PHONE # _____ CELL/HOME: _____

2. OWNERS ADDRESS: _____ EMAIL _____

REQUIRED

3. LOCATION OF STRUCTURE/PROJECT ADDRESS: _____

4. NAME OF CONTRACTOR: _____ EMAIL _____

REQUIRED

5. MAILING ADDRESS OF CONTRACTOR: _____ PHONE# _____ CELL/OFFICE: _____

6. CITY/STATE/ZIP: _____ CONTRACTOR LIC# _____

7. IS THIS PROPERTY LOCATED IN A FLOOD ZONE? _____ YES/NO IF YES, A FLOODPLAIN MANAGEMENT PERMIT IS REQUIRED.

ZONE:

8. RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____ AGRICULTURAL _____ **ATTACH PLAN SHOWING BLDGS/AREAS BEING DEMOLISHED. (MAY BE HAND DRAWN)**

9. PLEASE OBTAIN **ALL** SIGNATURES (If Applicable) PRIOR TO SUBMISSION:

A. DIG SAFE Number _____ DATE _____ B. FIRE DEPARTMENT _____ DATE _____ C. UNITIL _____ DATE _____

D. ASSESSING OFFICE _____ DATE _____ E. ASBESTOS SURVEY FORM _____ DATE _____ F. Asbestos Abatement Contractor- if applicable _____

G. REMOVAL OF UNDERGROUND TANKS- OIL & PROPANE _____ DATE _____ H. WELL DISCONNECT- CAPPED AND SECURED _____ DATE _____ I. BUILDING INSPECTOR _____ DATE _____

Please comply with the following:

- I hereby agree to comply with Zoning Ordinance adopted by the Town of Kensington as amended.
- I hereby agree to comply with International Building Code as adopted by the Town of Kensington.

I agree to give the Building Inspector **FORTY-EIGHT (48) HOURS NOTICE** before the final inspection. I also agree to call the Building Inspector for all required inspections and to notify the inspector upon completion of the job and return the yellow demolition permit card to the building inspector.

Be Advised: Any variance or "grandfathering" that may pertain to any structure demolished, may become void with the completion of demolition.

I further certify that I have full legal authority to request this permit as the owner or lawfully appointed agent of the owner of the structure to be demolished.

Owner's signature: _____ DATE : _____

BUILDING INSPECTOR: _____ DATE: _____

*Contractor is responsible for removal or filling of septic tank, as well as calling the Road Manager for trucking route.

FEE: \$100 PAYABLE UPON APPLICATION FILING.

PERMIT IS VALID FOR 90 CALENDER DAYS FROM SIGNATURE OF BUILDING INSPECTOR.

APPLICATION DATE: _____ 90 DAY DEADLINE DATE: _____