



APPLICATION for DEMOLITION PERMIT REVIEW

Received by Department of
Planning & Community
Development

Application Date: _____

Please ensure all applicable fields are completed.

Address of building proposed to be demolished: _____

Applicant

Property Owner (if different)

Name

Name

Address

Address

Phone number

Phone number

E-mail

E-mail

Description of building: _____
(e.g., colonial farmhouse, cape cod colonial)

Number of stories: _____

Current use: _____
(e.g., home, retail business, vacant etc.)

Additions/other identifying features: _____

Check one:

- Partial Demolition
- Complete Demolition

Description of and reason for demolition: _____

Description of proposed re-use: _____

Please submit the following items with application. Applications not including these items will not be considered complete:

All proposed demolitions:

- Eight (8) collated copies of the completed application, including all supporting documents
- Non-refundable application fee of \$100.00, payable to the Town of Easton
- Separate non-refundable application technical assistance fee of \$1,500.00, payable to the Town of Easton OR written request to waive this fee. Note that if a waiver request is rejected, the \$1,500 must be submitted for this application to be considered complete.
- Photographs of building and of surrounding area and buildings
- Site plan indicating location of the building
- Other: _____

Complete demolitions only:

- Architectural plans and elevations showing the proposed use or development of the site after demolition together with a statement identifying all zoning variances and/or special permits which may be required in order to implement the proposed use or development.

Partial demolitions only:

- Architectural plans and elevations for the affected portion of the building or structure and the extent of demolition proposed. Must include total existing square footage and total square footage to be demolished.

Applicant's signature

Date

Property owner's signature (if different)

Date

The following to be completed by DPCD staff

Date Fee Received: _____

Amount: \$ _____

Received By: _____

DETERMINATION

€ Significant

Hearing date scheduled: _____
(date)

Building Inspector notified: _____
(date)

Owner notified: _____
(date)

€ Not Significant

Building Inspector notified: _____
(date)

Owner notified: _____
(date)

DPCD Staff

Date