

# Demolition Permit Application



The Mayor & Council of Middletown  
 19 West Green Street  
 Middletown, DE 19709

Phone: 302-378-1171 Fax: 302-378-5675  
[www.middletown.delaware.gov](http://www.middletown.delaware.gov)  
[permits&inspections@middletown.delaware.gov](mailto:permits&inspections@middletown.delaware.gov)

JOB LOCATION: _____	DATE REC'D: _____
TAX PARCEL NUMBER: _____ - _____ . _____ - _____ ( _____ )	LOT _____ BLDG _____
STREET ADDRESS: _____	
SUBDIVISION: _____	

<b>APPLICANT:</b>	Name: _____	PHONE: _____ (____)____-____
	Address: _____	
<b>PROPERTY OWNER:</b>	Name: _____	PHONE: _____ (____)____-____
	Address: _____	
<b>CONTRACTOR</b>  BL # _____ - _____	Name: _____	PHONE: _____ (____)____-____
	Address: _____	

I, the undersigned, own the above-referenced property or am acting as an authorized agent of the owner.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DESCRIPTION OF STRUCTURE(S) TO BE DEMOLISHED:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PLOT PLAN

(Draw or attach a plan of the property showing approximate location of structure(s) to be demolished along with roads, other buildings, etc. Also show any underground tanks or utilities to be filled or removed)

**PLEASE ATTACH COPY OF COMPLETED SERVICE TERMINATION REQUEST FORM (ATTACHED)  
 AND COPIES OF NOTIFICATION TO ADJACENT PROPERTY OWNERS**

### PLAN REVIEW AND APPROVAL RECORD *(Office Use Only)*

#### VALIDATION

PLAN EXAMINER: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT # \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

APP ID #: \_\_\_\_\_