

CITY OF CALDWELL
Demolition Permit

Date _____

Name of Owner _____

Address _____ Phone _____

Name of Contractor _____ Phone _____

Address _____

Street Address or General Location of Property _____

Legal Description: Lot(s) _____ Block _____ Subdivision _____

Completion Date _____

Signature

For Office Use Only

Demolition Confirmation: Yes No

Date Confirmed _____

Signature of Inspector _____