



# CITY OF CONCORD

Notification of  
**INTENT TO DEMOLISH/RELOCATE**

Application for: <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation	
Date: _____	Permit Number: _____
<u>OWNER INFORMATION</u>	<u>CONTRACTOR INFORMATION</u>
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone: _____ <input type="checkbox"/> cell	Phone: _____ <input type="checkbox"/> cell
Applicant Signature	Applicant – PRINT Name

**Demo Review** If structure is greater than 500 s.f. AND more than 50 years old AND visible from the public right-of-way, it is subject to Demolition Review and a delay of up to 49 days. To initiate the review process, please fill out this application and return it to the Code Administration Office, Attention Ernie Cartier Creveling.

**The building to be demolished/relocated is on the following property:**

Address:	Zoning District:	Assessor's Map/Block/Lot
Year Built:	Former use of Building:	
No. of Dwelling Units:	Square Footage:	Height:
Cost to remove building & materials:		Type of Construction: