



CITY OF CONCORD

NOTIFICATION OF INTENT TO DEMOLISH/RELOCATE



Notice of intent for: <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation	
Date: _____ Permit Number: _____	
<u>Owner Information</u>	<u>Agent/Contractor Information</u>
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone: _____ <input type="checkbox"/> cell	Phone: _____ <input type="checkbox"/> cell
_____ Owner's Signature (or authorized agent)	_____ Agent/Contractor - 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.

The building to be demolished is located on the following property:

Address: _____

Zoning District: _____ Assessors Map/Lot/Block #: _____

Former use of Building: _____

Year Built: _____ Type of Construction: _____

_____	_____	_____	\$ _____
No. of units	Square Footage	Height	Est. Cost to remove building and materials