CITY OF CONCORD

Notification of

INTENT TO DEMOLISH/RELOCATE

Application for: □ Demolition	□ Relocation
Date: _____	Permit Number: _____
OWNER INFORMATION	CONTRACTOR INFORMATION
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone: □ cell	Phone: □ 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 Craig Walker.

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: