



TOWN OF CLINTON

Demolition Permit

This box for office use only.

Permit fee: \$30.00 **Receipt number:** _____ **Date:** _____

Permit Number: _____ **Date issued:** _____

All DEP requirements are the responsibility of the owner / contractor.

Location of Work

Map/lot: _____ Zone: _____ Address: _____

Contact Information

Applicant/Owner: _____ Address: _____

Daytime phone: _____

Email: _____

Have you tested this property for?

Lead Yes ___ No ___ Results _____

Asbestos Yes ___ No ___ Results _____

All debris must be removed to a proper disposal area regulated by the State of Maine.

All cellar holes or depressions must have clean fill level with the surrounding grade.

Applicant/Owner Signature _____ Date: _____

Approved ___ Denied ___ CEO _____ Date: _____