

Town of Greensboro
113 S. Main Street
P.O. Box 340 Greensboro, MD
21639 410-482-6222
www.greensboromd.org



DEMOLITION Permit Application

Town of Greensboro
Demolition Permit Application

Permit # _____
App. Date _____
App. Fee \$100.00

Property Owner Name: _____

Address:

Phone: _____ (H) _____ (W)

Email: _____

Property location if different than above:

Proposed Work _____

A certificate of insurance from a licensed demolition company is required or you must post a bond in an amount to be determined by the Town of Greensboro.

Provide two (2) plot plans showing where the structure to be demolished is located.

The applicant hereby certifies and agrees as follows:

- 1- That he/she is authorized to make this application
- 2- That the information provided is correct
- 3- That he/she will comply with all regulations applicable hereto
- 4- That only work specifically described in this application will be performed
- 5- That he/she grants town officials the right to enter the property for the purpose of inspecting the work permitted and posting notices.

Applicant's name printed

Applicant's signature _____ Date _____

Zoning Administrator's Signature _____ Date _____

Conditions: