

**DEMOLITION PERMIT
MOUNTRAIL COUNTY**

DATE: _____

PERMIT #: _____

Fee: \$25.00 Check#: _____

APPLICANT: _____

ADDRESS: _____

LEGAL DESCRIPTION: _____

ANTICIPATED DEMOLITION START DATE : _____

ANTICIPATED COMPLETION OF DEMOLITION: _____

LOCATION FOR DISPOSAL OF MATERIALS: _____

This permit will be issued on the express condition that all work shall be done in accordance with the regulations of Mountrail County Planning and Zoning pertaining to the demolition of buildings.

All certificates shall expire one year from date of issuance unless a longer period of demolition is agreed to in writing at the time of application.

This notice must be posted in a conspicuous place near the demolition site.

Make check payable to: Mountrail County

Return completed form to: MOUNTRAIL COUNTY
ZONING ADMINISTRATOR
PO BOX 248
STANLEY, ND 58784-0248

Applicant's Printed Name

Applicant's signature

Date

Owner's Printed Name
(if different than applicant)

Owner's Signature

Date

Action taken by the Planning and Zoning Board

APPROVED _____ DISAPPROVED _____

Dated this _____ day of _____, 2010

Chairman, Planning and Zoning Board