Town of Gibraltar	Perm	iit Number	Parcel Number			
Demolition Permit			Date			
Name of owner:		Name of	applicant:			
Project address:						
Type of Building (se	lect only one)					
One Family _	Two Family	Multi-Family	Garage	Commercial /I	ndustrial	
Type of Foundation	: (Please select oı	nly one item)				
concrete	Wood	Steel _	_ Pier supports	Block	Posts	
			Permit Fe			
Contractor / Owner	Information					
Name:		State Dwelling Contractor Number				
E-Mail		State Dwelling Qualifier Number				
Mailing Address						
Con	tact phone Numb	per:			-	
Office Use Only	k					
Inspecting Agent		Titl	e:			
Historical Significan						