TOWN OF GREENWOOD
100 WEST MARKET STREET
P.O. BOX 216
GREENWOOD, DE 19950
302-349-4534
302-349-9332 FAX

Permit #_____
Fee $25.00

APPLICATION FOR DEMOLITION

(Please Print All Information)

OWNER(S) NAME: _____

Residence: _____

Phone: **(_____)**_____

DEMOLITION LOCATION:

County Tax Map #: _____

Street Address: _____

Details of Demolition: _____

_____

CONTRACTOR: _____

Address: _____

Phone: (____)_____Town of Greenwood Business License #_____

Applicant Signature:_____ Date:_____

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Town Official Use

Approved_____Denied_____Date_____Offical_____