

**CITY OF CALDWELL**  
**Demolition Permit**

Date \_\_\_\_\_

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Street Address or General Location of Property \_\_\_\_\_

\_\_\_\_\_

Legal Description: Lot(s) \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Completion Date \_\_\_\_\_

\_\_\_\_\_  
Signature

For Office Use Only

Demolition Confirmation:      Yes    No

Date Confirmed \_\_\_\_\_

Signature of Inspector \_\_\_\_\_