

A F F I D A V I T

(For Office Use Only)

DEMOLITION PERMIT

DEMOLITION

STATE OF CONNECTICUT)
) ss: Stamford this day of 19
COUNTY OF FAIRFIELD)

I, the undersigned, being duly sworn, hereby make affidavit
and say:

645 Demolition:
1-family____ 2-family____
3-family____ 4-family____
Multi-family____ Units____
Other_____

Permit No. _____
Fee \$ _____ .00
Cost \$ _____ .00
Date _____

City of Stamford, Conn.
Building Division

Application To Demolish

Location _____
Owner _____
Address _____
Contractor _____
Address _____
Zone _____

1. I am the agent of the Owner -- Lessee of the building or
structure -- Licensed Engineer -- Architect -- employed in connection
with the proposed work -- all set forth in the Application for Building
Permit.

2. The proposed work is authorized by the owner - in - fee
and the undersigned is authorized by the owner - in - fee to make
the Application for Building Permit.

Personally appeared _____
who made oath to the truth of the foregoing before me.

Notary Public
My Commission expires: _____

Building Official