

Permit No. _____
Tax ID _____

TOWN OF WARTRACE, TENNESSEE

DEMOLITION PERMIT

DATE: _____

Address of Demolition _____

Subdivision: _____ Lot: _____

COMMERCIAL

RESIDENTIAL

Applicant/Contractor Name _____

Address _____

Phone _____ Email: _____

PERMIT FEE \$50.00

Description of Project: _____

Signature of Contractor or Authorized Agent

Date

APPROVED:

Signature of Authorized Town Agent

Date