



Permit #: \_\_\_\_\_  
Tax Map \_\_\_\_\_ Lot \_\_\_\_\_

**TOWN OF BOOTHBAY  
APPLICATION FOR A  
DEMOLITION/RELOCATION PERMIT**

**General**

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Name (if different) \_\_\_\_\_  
Address of Property \_\_\_\_\_ Tax Map \_\_\_\_\_ Lot \_\_\_\_\_  
Owner's Mailing Address (if different) \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Bus.) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Zoning District (Check all the Apply)**

General Residential  Special Residential  Village  C1  C2  C3  
 Industrial  Maritime  Watershed Overlay  Shoreland Overlay

**Description of Proposed Project**

**Date of proposed demolition?** \_\_\_\_\_

**Have the Property Owner's Taxes been paid?** \_\_\_\_\_

**Signature of Town Tax Collector** \_\_\_\_\_

<p><b>Certificate of Applicant</b></p> <p>I certify that if this application is granted, I shall conform with the provisions of all Codes and Ordinances of the Town of Boothbay as they may be interpreted by the Municipal Officers. All permits will be void unless operations there under are significantly completed within one (1) year after the date of the permit. Signing authorizes inspections necessary to issue permit, as well as all inspections necessary to ensure compliance throughout the building process.</p> <p>Applicant Signature _____ Date _____</p>

<p><b>Municipal Officer Action</b></p> <p>Demo/Relocation Permit Approval Date _____</p> <p>Demo/Relocation Permit Denial Date _____</p> <p>Permit Number _____ Tax Map _____ Lot _____</p> <p>Conditions Added _____</p> <p>Code Enforcement Officer Signature _____</p> <p>Planning Board Approval _____ Date _____</p> <p>Appeals Board Approval _____ Date _____</p>
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For questions regarding this application, please contact the Code Enforcement Office at  
207-633-2051