

**CITY OF MAYFLOWER**  
**P.O. Box 69**  
**Mayflower, AR 72106**

**APPLICATION FOR:**  
**CITY OF MAYFLOWER**  
**DEMOLITION PERMIT**

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<i>OFFICIAL USE ONLY</i> PERMIT NO.: _____ DATE ISSUED: _____ ISSUED BY: _____  DENIED: _____	INSPECTIONS: APPLICANT (CHECK ONE) <input type="checkbox"/> Ready <input type="checkbox"/> Will Call <input type="checkbox"/> Slab <input type="checkbox"/> Final <input type="checkbox"/> Rough <input type="checkbox"/> Other	INSPECTORS COMMENTS _____ _____ _____
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EXACT LOCATION: \_\_\_\_\_  
OWNER/TENANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTRACTOR: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
CLASS OF WORK:     NEW         ADDITION       REPAIR         ALTERATION  
PROPOSED USE (INDUSTRIAL): \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ RESIDENTIAL  
DESCRIPTION OF WORK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTICE:      *SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL, GAS, AND HVAC WORK.*

I hereby certify that the data submitted on or with this application is true and correct. Also, I have read and understand the Subdivision Covenants and Restrictions Notice as stated above. Any deviation from information contained hereon unless approved by the Building Official will render this permit null and void.

\_\_\_\_\_  
Signature of Contractor, Owner or Agent

\_\_\_\_\_  
Date