DEMO	OLITION REQUEST FORM
OWNER OF PROPERTY	CONTRACTOR (Required)
Name:	Name:
Mailing Address:	Mailing Address:
Phone #:	Phone #:
	Thore η.
Physical Address:	
Tax Map #:	
Cost of the Project:	
Project Description:	
include legend of the distances, bordering street	paper please provide a scaled drawing to property with all lot lines, bearings & ts, existing buildings, affected setbacks and sed project clearly marked.
By signing this form I agree that:	
* I am the owner of the property	listed above.
	e issued Felton Compliance Letter to the Kent County
Office of Inspection & Enforcement	<u>-</u>
	to this application is true and correct to the best of my
,	or misleading information is included I may be subject to
criminal proceedings under Title II,	Chapter 5, Subchapter III, Subpart F of Delaware Code.
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Signed:	Date:
FOR THE USE OF FELTO	N PLANNING & ZONING COMMITTEE ONLY
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Notes:	PPROVED / DECLINED  Signed:
	PPROVED / DECLINED
	PPROVED / DECLINED