

**CITY OF OXFORD
DEMOLITION APPLICATION**

Owner's name: _____

Address of property of structure to demo: _____

Zoning of structure: _____

Name of contractor: _____

Address of contractor: _____

Insurance Company of contractor: _____
(Proof of insurance attached)

Asbestos Report/Inspected by: _____
(Proof of certification and report must be attached)

Demo date and time: _____
(Notice must be given to the Oxford Public Works, Oxford Electric, Dept., Centerpoint Energy and Building Dept. 5 days in advance)

Estimate duration of demolition: _____

Owner/Contractor Signature

Date

By my signature, I certify that I will be held responsible for any damage done to public or private property.

APPLICABLE SIGATURES

Oxford Public Works Department

Oxford Electric Department

Centerpoint Energy

Oxford Building Department

Fee: Cash _____ Check _____