



# TOWN OF CAREFREE

8 SUNDIAL CIRCLE

PO BOX 740

CAREFREE, AZ 85377

(480) 488-3686 • FAX (480) 488-3845

## REQUIREMENTS FOR DEMOLITION PERMIT

Applicant Name \_\_\_\_\_

Scope of Work \_\_\_\_\_

Job Schedule:

**Start Date:** \_\_\_\_\_

**End Date:** \_\_\_\_\_

Site Address \_\_\_\_\_

Required \$250.00 Fee

Dust Control Measures: (See Brochure)

Dumpster required on Site: (name of company using):

\_\_\_\_\_

Where will disposal take place:

\_\_\_\_\_

## REQUIRED INSPECTIONS

**PRE-CON - Before work begins**

**FINAL – After work is completed**