

**DEMOLITION PERMIT APPLICATION**  
**BUILDING DEPARTMENT**  
**107 COURTHOUSE SQUARE, OXFORD, MS 38655**  
**(662) 232-2304**  
**(662) 232-2797 FAX**

Owners Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

Zoning of Structure: \_\_\_\_\_

Historic/ Overlay District: Y \_\_\_\_\_ N \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Asbestos Report: Y \_\_\_\_\_ N \_\_\_\_\_

Demo date and duration: \_\_\_\_\_

Demolition Type: Exterior \_\_\_\_\_ Interior: \_\_\_\_\_

Usage: Commercial: \_\_\_\_\_ Residential: \_\_\_\_\_

\_\_\_\_\_  
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 SIGNATURES**

\_\_\_\_\_  
City of Oxford Public Works Department

\_\_\_\_\_  
City of Oxford Electric Department

\_\_\_\_\_  
Centerpoint Energy

\_\_\_\_\_  
City of Oxford Planning Department