

**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 \_\_\_\_\_