



Town of Ashland, *Inspection Services*

Application / Determination for Demolition of a Historical Building

Date of Application: _____

Address of Building: _____

Date Building was Built: _____
(Assessor's Record of when built / Age of Building)

Owner's Name: _____

Owner's Address: _____

Owner's Phone Number: _____

Description / Type of Building and condition requiring demolition: _____

Date of Deed / Assessor's Record Attached: _____

Description of Proposed Reuse: _____
