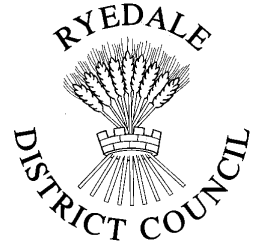


DEMOLITION NOTICE REQUEST



THIS FORM MUST BE COMPLETED 6 WEEKS PRIOR TO THE COMMENCEMENT OF ANY WORKS OF DEMOLITION.

Please use BLOCK CAPITALS

PLANNING/APPLICATION NUMBER: _____

1. Applicant (Name & Address)

Agent (Name & Address) (if applicable)

Post Code: _____ Tel: _____

Post Code: _____ Tel: _____

2. Address or Exact Location of Building(s) Proposed to be Demolished

3. Start/completion details

Start date of proposed demolition: _____ Proposed completion date: _____

4. Description of Proposed Works: _____

5. Name of Builder (if applicable):

6. Details of on site services: Please tick the relevant box(es):

Electric

Gas

Water

Others, please state: _____

Please return the completed form to:

Housing Services, Ryedale District Council, Ryedale House, PO Box 66, Old Malton Road, Malton Y017 7ZH

For office use only:

Date:

Officer: