



Town of Falmouth

Request for Review of Demolition

Address of the building to be demolished _____

Map Parcel ID _____

Owner's Name _____

Telephone Number _____

Owner's Address _____

Town _____

State _____

Zip Code _____

Description of Building _____

Reason for Requesting: _____

Brief Description of proposed reuse, reconstruction or replacement: _____

**Attach photograph or photograph(s) of the building.



TOWN OF FALMOUTH

Michael Palmer

Town Clerk

I herby certify, for the purpose of the Demolition Delay Bylaw, that the structure at

_____ included on the List of Significant Buildings

Date: _____

Michael Palmer, Town Clerk

CC: Historical Commission
Building Commissioner