



Town of Yarmouth
Boarding up Application

LAND OWNER INFORMATION:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

APPLICANT INFORMATION:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Job Site Civic Address: \_\_\_\_\_

Assessment Account #: \_\_\_\_\_ PID#: \_\_\_\_\_

Specify the use of the building?

Single dwelling Apartment Commercial Other (please specify) \_\_\_\_\_

How many units in total? \_\_\_\_\_

How many units are occupied? \_\_\_\_\_

How many units are being boarded up? \_\_\_\_\_

Number of windows total: \_\_\_\_\_ Number of windows to be boarded up: \_\_\_\_\_

Number of doors total: \_\_\_\_\_ Number of doors to be secured: \_\_\_\_\_

Color of building: \_\_\_\_\_

Type of exterior: \_\_\_\_\_

Siding Brick Other (Please specify) \_\_\_\_\_

Reason for boarding up?:

What is the future use for the building?:

Date issued: \_\_\_\_\_

Date of expiry: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Boarding up permits expire a year from the date issued. If an additional Boarding up permit is needed, please re-apply after the current permit's expiry date.**