



KOOTENAI COUNTY

COMMUNITY DEVELOPMENT

OWNER DEMOLITION AFFIDAVIT

DATE: _____

OWNER: _____

OWNER PHONE NUMBER: _____

OWNER EMAIL ADDRESS: _____

CONTACT PERSON NAME: _____

CONTACT PERSON PHONE NUMBER: _____

BUILDING ADDRESS: _____

PARCEL NUMBER/AIN: _____

Kootenai County Community Development;

I am the owner of a _____ located at _____
_____ in _____ on
Parcel _____, AIN _____
and I do hereby authorize _____ to
DEMOLISH the above-mentioned home/structure.

Sincerely,

OWNER SIGNATURE

DATE