



DEMOLITION PERMIT APPLICATION

JURISDICTION: _____

DEMOLITION PERMIT NUMBER: D _____ - _____

DATE OF ISSUE _____ / _____ / _____

PARCEL I.D. NUMBER: _____

SCHEDULE NUMBER: R _____

CONTACT NAME: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

REQUIRED WITH SUBMISSION OF APPLICATION:

- CONTRACTOR VERIFICATION FORM
- OR**
- ACKNOWLEDGEMENT OF CONTRACTOR INSURANCE

1. _____
 OWNER NAME _____ MAILING ADDRESS _____

2. _____
 CITY _____ STATE _____ ZIP CODE _____ **OWNER PHONE NUMBER** _____

LEGAL DESCRIPTION: _____

LOT NUMBER _____ BLOCK NUMBER _____ SUBDIVISION NAME _____
 OR METES AND BOUNDS _____

SECTION _____ TOWNSHIP _____ RANGE _____

3. JOB ADDRESS: _____

4. DEMOLITION CONTRACTOR: _____

_____ CITY _____ STATE _____ ZIP _____ PHONE _____

5. CONTRACTOR EMAIL: _____

6. PROPERTY OWNER'S EMAIL: _____

7. TYPE OF STRUCTURE: _____

8. UTILITIES TO BE DISCONNECTED: _____

NOTICE: This permit becomes null and void if work or construction is not commenced within 180 days, or if construction or work is Suspended or abandoned for a period of 365 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to Violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

9. _____

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____ SIGNATURE OF OWNER (IF OWNER BUILDER) _____ DATE _____

DO NOT WRITE BELOW THIS LINE **DO NOT WRITE BELOW THIS LINE**

		DEMOLITION PERMIT FEE _____				TOTAL FEE _____			
		TYPE OF CONSTRUCTION _____				OCCUPANCY GROUP _____		DIVISION _____	
ZONING APPROVAL		SIZE OF BUILDING TOTAL SF _____		No. of Stories _____		Max Occ Load _____		USE ZONE _____	
SET BACKS	FRONT		SIDE		SIDE		BACK		
SPECIAL APPROVAL			STATE NOTIFIED	APPROVED					
STATE COMPLIANCE									
ASBESTOS TESTING									
SPECIAL CONDITIONS:									
APPLICATION ACCEPTED BY	SUBMITTALS CHECKED BY	ISSUED BY							
DATE	DATE	DATE	APPLICATION # _____						

