

Residential / Commercial Application

Demolition / Removal

Project Address:	
Applicant is: ☐ Property Owner ☐ Contractor ☐ Archit	tect
Applicant	E-mail
Address	Phone #
Contractor	E-mail
Address	Phone #
☐ Residential Project ☐ Non-residential Project	t
☐ Demolition ☐ Removal to	(location)
☐ Aboveground Tank ☐ Underground Tank ☐ De	tached Garage
Existing electrical connections	Existing water/sewer connections ☐ Yes ☐ No
House-Mover's License applied for (Apply at City Clerk's Office) ☐ Yes ☐ No ☐ Not applicable	
Additional Description/Disposition of foundation walls and services to property:	
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Date work to start:	
Date work to be completed by:	
* All construction materials and products and debris shall be removed from the site on-site burial prohibited	
* Water service shall be disconnected and capped @ corp valve – inspection required prior to cover-up	
* Sewer service shall be disconnected and capped @ property line - inspection required prior to cover-up	
* Asbestos and/or other contaminants may impose additional requirements from outside agencies	
ordinances governing this type of work will be complied with	n and know the same to be true and correct. All provisions of laws and whether specified herein or not. The granting of a permit does not of any other state or local laws regulating construction or the
Signature of Applicant	Date
Printed Name:	
ATTOMY A MINIMALINA OF FRUIT WORKING	S DAVE FOR DEDMIT DEVIEW 6 ADDROVAL
ALLOW A MINIMUM OF 5 FULL WORKING	G DAYS FOR PERMIT REVIEW & APPROVAL
Date received	Office Use Only Permit Fee \$ 25
Approval Notification Date	