



DEMOLITION PERMIT

DATE: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\*NO PERMIT WILL BE APPROVED WITHOUT PROOF OF VALID COMMERCIAL GENERAL LIABILITY INSURANCE & AUTOMOBILE LIABILITY CERTIFICATE \*

\*MINIMUM REQUIREMENT - \$1,000,000\*

STREET ADDRESS OR GENERAL LOCATION OF PROPERTY TO BE DEMOLISHED:

\_\_\_\_\_

LEGAL DESCRIPTION:

LOT(S) \_\_\_\_\_ BLOCK(S) \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

PROJECTED DEMOLITION START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

\*WORK MAY NOT BEGIN WITHOUT A SIGNED AND APPROVED COPY OF THIS PERMIT BY THE ZONING ADMINISTRATOR\*

\_\_\_\_\_

APPLICANT SIGNATURE

**FOR OFFICE USE ONLY**

DEMOLITION PERMIT APPROVED:  YES  NO

INSURANCE VERIFIED: YES

DATE INSPECTED & CONFIRMED: \_\_\_\_\_

SIGNATURE OF INSPECTOR: \_\_\_\_\_

