

APPLICATION FOR DEMOLITION PERMIT

APPLICANT INSTRUCTION: PLEASE PRINT



OFFICE USE ONLY:
ASSIGNED PERMIT NO:

Application Information

Application Date: _____

Applicant: Owner Contractor Other

Applicant Full Name: _____

Company Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Cell: _____

Property Information

Street Address No.: _____ Street Name: _____

ZONING:

M-1 M-2 C-1 C-2 C-3 O-1 RS-1 RS-2 RS-3 RD-1 RA-1 RA-2

(For New construction and demolition permits only)

Parcel Number: _____

Subdivision: _____ Block: _____ Lot: _____

Lot Size: _____ Flood Zone Designation _____

Owner Information

Owner Full Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: Day: _____ Evening: _____ Fax: _____ Cell: _____

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter area covered by such permit at any reasonable hour to enforce the provisions of the code(s).

SIGNATURE OF APPLICANT

ADDRESS

PHONE NUMBER

APPLICATION FOR DEMOLITION PERMIT CONTINUED
PAGE 2

DEMOLITION INFORMATION

Description of structure to be demolished: _____

USE AND OCCUPANCY CLASSIFICATION: _____
 (as specified by the IBC 2000 Code) *(CHOOSE FROM LIST BELOW)*

ASSEMBLY (A-1 thru A-5)	FACTORY (F-1 & F-2)	RESIDENTIAL (R1 thru R4)
Theatre (A-1)	Moderate Hazard (F-1)	Hotel (R-1)
Night Club (A-2)	Low Hazard (F-2)	Apartment Houses (R-2)
Restaurant (A-2)	HIGH HAZARD (H-1 thru H-5)	Single Family or Duplex (R-3)
Church (A-3)	INSTITUTIONAL (I-1 thru I-5)	STORAGE (S-1 & S-2)
BUSINESS (B)	Group Home (I-1)	Moderate Hazard (S-1)
EDUCATIONAL (E)	Hospital (I-2)	Low Hazard (S-2)
Grades 1-12	Jail (I-3)	UTILITY & MISCELLANEOUS (U)
Day Care Facility	MERCANTILE (M)	Sheds

Building Area (Sq. Feet) _____ Utility Cut off Date: _____

Spoils Trucked To: _____

Reviewed by: _____ Date: _____

OFFICE USE ONLY:
DEMOLITION PERMIT REVIEW NOTES: