



DEMOLITION PERMIT APPLICATION

Date: _____

Project Address: _____

Legal Description: _____
Block Lot No. Subdivision

PROPERTY OWNER INFORMATION

Name: _____

Address: _____
Address City State Zip Code

Phone No.: _____ Cell Phone No.: _____

Signature: _____

PERSON, FIRM, OR CORPORATION responsible for the building, if it is someone other than the owner

Name: _____

Address: _____
Address City State Zip Code

Phone No.: _____ Cell Phone No.: _____

CONTRACTOR INFORMATION

Name: _____

Address: _____
Address City State Zip Code

Phone No.: _____ Cell Phone No.: _____

E-mail Address: _____

Brief Description of Structure:

Signature of Applicant: _____

Please Print Name: _____

There is a 30-day Public Comment Period before any demolition work can begin. Verification from Westar Energy, Aquila, and the City Water Office that services have been retired is necessary before a permit will be issued. The discovery that the building or structure contains friable asbestos containing materials shall be cause for the immediate revocation of a demolition permit. Application must be signed by the record owner(s) and any contract purchaser(s).

OFFICE USE ONLY

Permit No. _____

Date Emailed for Publication: _____

Historic District: Yes No

Date of Pre-Inspection: _____

If Yes Date Emailed for HRC: _____

Approved By: _____