DEMOLITION PERMIT

PERMIT NO		ZONE:
TYP	E OF STRUCTURE:_	
LOC	CATED AT:	
OWNER NAME:		PHONE:
ow		
EM/	AIL ADDRESS:	
CON	NTRACTOR:	PHONE:
EM/	AIL ADDRESS:	
No.	of Building:	No. of Stories:
Foundation:		Occupied:Vacant:
FEE PAID: \$50.00		DATE:
SE	RVICES DISCO	NTINUED:
	Gas Electric	WaterPhone
	Electric	WaterPhoneCable
CO	NDITIONS OF I	PERMIT:
1.	Demolition shall not bissuance.	pegin for a period of FIVE (5) working days from the date of
2.	Permit is good for onl	y 30 days.
3.	Adequate barricades must be provided before demolition can begin.	
4. 5.	Unsuitable fill material must be hauled away. Lot must be left in clean, smooth, and sanitary condition. All Buildings must be completely vacated before any activity under this permit is commenced.	
6.		
7.		emolition is completed, must comply with all ordinances and codes
		I,, the undersigned do hereby certify that the above information is true and
		hereby certify that the above information is true and correct. I agree to comply with all the above conditions.
Owner's Signature		Date