



# Demolition/Removal Permit Application

PROPERTY			
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Industrial	Property Address	Owner Name	Owner Phone Number

OFFICE USE	
Permit Number	Date Received

APPLICANT	
<input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/> Engineer	<p>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local laws regulating construction or the performance of construction.</p> <p><b>* Construction debris shall be removed from the site and the site will return to a buildable lot.</b></p>
Business	
Name	
Address	
City/State/Zip	
Phone Cell Phone	
Email Address	
<p>Signature of Applicant _____ Date _____</p>	

<b>NO FEE</b>	
Date Issued	Total Fees Paid
Date Expires	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Zone	Front Back Side Side CL
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions	
Building Official / Authorized Representative	Date
Date Project Completed / Final Inspection Date	

CONTRACTORS			
<input type="checkbox"/> General <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Roofing <input type="checkbox"/> Other	Name	Phone / Email	Registered in Denison <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> General <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Roofing <input type="checkbox"/> Other	Name	Phone / Email	Registered in Denison <input type="checkbox"/> Yes <input type="checkbox"/> No

**Please allow a minimum of five (5) working days for permit review and approval.**

PROJECT	
<input type="checkbox"/> Demolition <input type="checkbox"/> Removal to (location):	
<input type="checkbox"/> Aboveground Tank <input type="checkbox"/> Underground Tank <input type="checkbox"/> Detached Garage <input type="checkbox"/> Other:	
Existing electrical connections? <input type="checkbox"/> Yes <input type="checkbox"/> No	Existing water/sewer connections? <input type="checkbox"/> Yes <input type="checkbox"/> No
Existing gas connections? <input type="checkbox"/> Yes <input type="checkbox"/> No	General Contractor's License ? <input type="checkbox"/> Yes <input type="checkbox"/> No
House Moving Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	State DNR Approval? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Description/Disposition of foundation walls and services to property:	
Anticipated Start Date (mm/dd/yyyy)	Anticipated Completion Date (mm/dd/yyyy)