

Demolition Permit Application

City of Council Grove, Kansas

To be completed by Applicant...

Owner

Job Address

Job Address:			
Owner:		Phone:	
Mailing Address :	City:	State:	Zip:
Contractor:		License No.:	
Mailing Address:		Phone:	
Mailing Address:	City:	State:	Zip:
Use of Building:		Area (ft ²):	
Class of Work (circle): New Addition Alteration Repair Move Remove			
Describe Work:			

NOTICE

The owner of a building to be demolished is responsible for the disconnection of utilities and any inspections involving hazardous materials (i.e., asbestos, lead, etc.) before commencing the demolition. Failure to complete demolition or secure an extension of time within forty-five (45) days will result in a fine.

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 law regulating construction or the performance of construction.

Permit not validated until Permit Fee is paid.

Signature of Contractor or Authorized Agent	Date
Signature of Owner (if owner builder)	Date

OFFICE USE ONLY

Special Conditions:	
Permit No.:	Approval Date:

<i>OFFICE USE ONLY</i>		
DISCONNECT UTILITIES	REQUIRED: (YES/NO)	COMPLETED: (date)
Water Service:		
Sewer:		
Gas Service:		
Electrical Service:		
SPECIAL APPROVALS:	REQUIRED: (YES/NO)	RECEIVED: (date)
Zoning Board:		
Health Department:		
Fire Department:		
Soil Report:		
KDHE		
KDOT:		
KS Historical Society:		
City Council:		
Other: (specify)		

PERMIT FEE: \$