



Commercial Demolition Permit Application

INCOMPLETE PERMIT APPLICATIONS WILL NOT BE ACCEPTED.

PERMIT REQUIRED TO BE POSTED ON JOBSITE (IBC SEC. 105 PERMITS (A) 105.7)

REQUIRED INFORMATION:

Job Site Address: _____

Owner Name: _____

Owner Mailing Address: _____

Owner Phone Number: _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone Number: _____ Contractor Fax Number: _____

Contractor E-mail: _____

Will you be hauling debris or using a Waste Management Roll-off? _____

** If using Waste Management, please provide proof of rental agreement must be submitted with permit application. (If self hauling proof of waste manifest must be submitted with permit application.)

Will you be renting a portable restroom or using an approved
equivalent? _____

**Proof of rental of portable restroom or approved equivalent must be submitted with permit application.

Signature - **Must be signed by Applicant**

Date

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<u>Office Use Only</u>	
<i>Permit Cost:</i> _____	<i>Permit Number:</i> _____
<i>Pymt. Method:</i> _____	<i>City Employee:</i> _____