



**BUILDING DEVELOPMENT SERVICES
APPLICATION FOR DEMOLITION PERMIT
(PERMIT FEE MUST BE SUBMITTED WITH APPLICATION)**

PRJ _____

WRK _____

Site Address: _____ Date: _____

STEP 1.

- a. Is address of structure a Historic Landmark, Historic District, or Historic Site
If Yes____ this application will be dated and given a Project Number. Applicant must go to the Planning & Development Department for approval and issuance of a C of A before proceeding further.
If No____ continue with the following requirements:
- b. Has a Notice of Public Nuisance and Order to Abate been issued for this address? No____ Yes____
(*If yes a PENALTY FEE may be assessed.)
- c. Utilities. Applicant must notify CU to retire all utilities. (Call 831-8888)
- d. Sewer Cap. Applicant is responsible for obtaining a plumbing contractor Licensed and certified by the City to cap the sewer at the property line. A PLUMBING PERMIT IS REQUIRED.
- e. Septic Tank. Septic tank to be pumped & either filled or crushed as part of the wrecking contractor's responsibility. No permit is required; however, it is necessary to call 864-1066 for inspection before covering tank or filling in excavation.
- f. Asbestos Inspection. Applicant or owner is responsible for obtaining a contractor certified to perform asbestos inspections and any required abatement in accordance with MO DNR Requirements. For additional information visit the Asbestos Webpage at <http://www.dnr.mo.gov/env/apcp/Asbestos.htm>.
- g. Check type of structure: Residential Accessory Commercial

STEP 2. Applicant must complete and sign the application information below:

OWNER

ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER

CONTRACTOR (Must have a current Business License)

ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER

I hereby certify that the proposed work will meet all conditions set forth herein, and agree to conform to all applicable laws of this jurisdiction. I further certify that the proposed work is authorized by the Owner of Record and I am the owner or have been authorized by the owner as his authorized agent to apply for this permit.

By Owner/Agent: _____
PRINT NAME SIGNATURE

Date: _____

By Contractor: _____
PRINT NAME SIGNATURE

Date: _____

Office Use Only: Route to: Landmarks Board City Utilities (Utilities must be retired) BDS FLD PLM PERMIT

Before issuance of the WRK permit a PLM permit must be obtained and finalized, and all fees due paid:

PERMIT FEE \$ _____ *PENALTY FEE IF REQUIRED \$ _____ SVC _____

Method of Payment: CASH _____ CREDIT _____ CHECK/NUMBER _____ TOTAL AMOUNT PAID \$ _____