



BUILDING DEVELOPMENT SERVICES
APPLICATION FOR WRECKING PERMIT

PRJ \_\_\_\_\_
WRK \_\_\_\_\_

Site Address: \_\_\_\_\_ Date: \_\_\_\_\_

- a. Is address of structure a [ ] Historic Landmark [ ] Historic District or [ ] Historic Site
b. Is this property part of a PRJ for which plans have been submitted that will disturb 1 acre or greater?
c. Has a Notice of Public Nuisance and Order to Abate been issued for this address?
d. Utilities: Applicant must notify CU to retire all utilities.
e. Sewer Cap: Applicant is responsible for obtaining a plumbing contractor Licensed and certified by the City to cap the sewer at the property line.
f. Septic Tank: Septic tank to be pumped & either filled or crushed as part of the wrecking contractor's responsibility.

Asbestos Inspection: The structure must first be inspected for asbestos by a Missouri Registered Asbestos Inspector before any demolition or renovation activity. You are required to complete an Asbestos Project Notification online form available at: http://dnr.mo.gov/forms/780-1923-f.pdf & Instructions at: http://dnr.mo.gov/pubs/pub2346.pdf. See the Missouri asbestos building inspector listing by location of city link: http://dnr.mo.gov/env/apcp/asbestos/index.htm. Asbestos DNR FAQ fact sheet brochure – important to read this first on determining if your project is a regulated structure http://dnr.mo.gov/pubs/pub2157.htm

Check type of structure: [ ] Residential [ ] Commercial [ ] Accessory

OWNER \_\_\_\_\_
ADDRESS \_\_\_\_\_
CITY STATE ZIP CODE \_\_\_\_\_
PHONE NUMBER \_\_\_\_\_

CONTRACTOR (\*Must have a current Business License) \_\_\_\_\_
ADDRESS \_\_\_\_\_
CITY STATE ZIP CODE \_\_\_\_\_
PHONE NUMBER BUS LIC 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: \_\_\_\_\_
SIGNATURE PRINT NAME

Date: \_\_\_\_\_

By Contractor: \_\_\_\_\_
SIGNATURE PRINT NAME

Date: \_\_\_\_\_

Office Use Only: Route to: [ ] BDS FLD [ ] City Utilities [ ] Env Svcs - Asbestos [ ] Env Svcs – Sediment Erosion Control [ ] Landmarks
[ ] \*PLM Permit(Route: Sanitary Services). Before issuance of the WRK permit, a PLM permit must be obtained and inspected/approved.
[ ] PERMIT FEE \$ \_\_\_\_\_ Office check for SVC Violations and add penalty: \* SVC# \_\_\_\_\_ [ ] \*PENALTY FEE \$ \_\_\_\_\_
Method of Payment: CASH \_\_\_\_\_ CREDIT \_\_\_\_\_ CHECK/NUMBER \_\_\_\_\_ TOTAL AMOUNT PAID \$ \_\_\_\_\_