

CITY OF SULLY

Demolition Permit Application

Structure to be Demolished or Relocated

Demolish Relocate

Property Address: Number: _____ Street: _____

Lot Number: _____ Block Number: _____ Addition: _____

Owner: _____ Mailing Address: _____ Phone: _____

Demolition Contractor/Applicant: Name: _____

Address: _____ Phone: _____

Type of Present Structure

Residential: One Family Two Family Multi-Family Garage Other

Nonresidential: Commercial Institutional Agricultural Other

Beginning and Ending Date of Demolition: _____

Debris Deposit Site: _____

I do attest that I am the owner of the property noted above; or are his/her legally authorized agent so empowered to authorized the demolition of the structure as noted above.

Signature of Property Owner/Agent

Date

I, as the applicant/demolition contractor, by signing the signature line below do agree to comply with all applicable laws of the State of Iowa and with the requirements of all utility companies and the City of Sully.

Signature of Applicant/Demolition Contractor

Date

Acknowledgment of Notice

We hereby acknowledge receipt of notice of the proposed demolition.

City Utility/Public Works Department _____ Date: _____

Electric Utility _____ Date: _____

Natural Gas Utility _____ Date: _____

Telephone Company _____ Date: _____

Cable Company _____ Date: _____

A Demolition Permit will not be issued until all required signatures acknowledging notification are obtained. This application becomes the Demolition Permit when approved and signed by the City Clerk for the City of Sully.

Permit: Issued Denied Total Fees: _____

City Clerk

Date