



Lee's Summit Demolition Permit Application  
Codes Administration Department  
220 SE Green St..  
PO Box 1600  
Lee's Summit, MO., 64063  
Phone: 816-969-1200 Fax: 816-969-1201  
Revised June, 2009

For Office Use Only:
Permit # <u>130361</u>
Approval Date:
Permit \$

Applicant: Industrial Wrecking  
Address: 600 N Chouteau TFWY KC MO 64120  
Phone: 816.241.5900 Fax: 816.241.5903

Location of the project:

Street address: 602 A/B NW Redbud Drive 64081  
Legal description: N/A

Required information:

Is the building to be partially or completely demolished? Partial ☒ Complete

Use of the building: Single family residential Two family Commercial building ☒ Other Duplex - 4plex

Will the water service be removed? Yes (Complete demolition only)

Will the sanitary service be removed? Yes (Complete demolition only)

Description of the building to be demolished:

1 Story wood Frame

Number of stories: 1 Total square footage of the building: 1500 Sq Ft

Does the applicant own the structure to be moved? Yes ☒ No

The applicant shall furnish a certificate of liability insurance for personal and property damage exempting and saving harmless the city in a minimum amount of \$100,000 injury each person, \$300,000 each occurrence, and \$50,000 property damage.

AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Codes adopted by the City of Lee's Summit and all applicable ordinances.

Signature of Owner or Authorized Agent  
Date

Charles Cacicoppe  
Printed Name of Applicant

## BUILDING DEMOLITION SYSTEM DISPOSITION

Upon completion of demolition work described in Lee's Summit Permit # \_\_\_\_\_  
please complete this form, providing information to the best of your ability regarding the various  
structures and systems demolished, removed or deactivated, and return to John Borns, building inspector.

**Structure...** Briefly describe the structure(s) demolished, and the manner and the extent to which  
removal was performed. Include a description of the removal of foundation/substructure elements.

Appliances, HVAC Equipment, Asbestos were  
removed From Structure. Industrial Wrecking  
demolished the structures and hauled away  
debris (house, Foundation, and concrete slabs).  
Dirt was hauled in to level lot to surrounding  
Grade

**Sanitary sewer service...** Describe measures taken to deactivate the service, including related contact  
with City departments.

Sewer was temporarily abandoned until new structure  
is to be built. Sew was capped by JKV-Mike Smith  
816-985-9824

**Water service...** Describe measures taken to deactivate the service, including related contact with City  
departments.

Water line was temporarily abandoned on house  
side of meter by JKV, Mike Smith 816-895-9824

**Natural gas service...** Describe measures taken to deactivate the service, including related contact with  
the gas service provider.

InfraSource disconnected the gas line @ main.  
Dusty Rice 816.863.1700 office 816.985.3534 mobile

**Electrical power service...** Describe measures taken to deactivate the service, including related contact  
with the electrical service provider.

KCPL was notified. Meter was terminated and  
lines were removed from transformer. Terminations  
were faxed to 800-449-0366

Applicant

Charles Cacioppo, JR

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

INDUSTW

OP ID: SR

DATE (MM/DD/YYYY)

01/11/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Twin Lakes Insurance Agency 608 S.W. Third Street Lee's Summit, MO 64063 Mark A. Smith, CIC		816-525-2125 816-525-4049	<b>CONTACT NAME:</b> Sue Falter <b>PHONE (A/C, No. Ext):</b> 816-525-2125 <b>E-MAIL ADDRESS:</b> suet@twinlakesins.com <b>FAX (A/C, No):</b> 816-525-4049												
<b>INSURED</b> Industrial Salvage & Wrecking Chuck 600 NE Chouteau Trafficway Kansas City, MO 64120		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><tr><td><b>INSURER A:</b> RSUI Indemnity Company</td><td><b>NAIC #</b></td></tr><tr><td><b>INSURER B:</b> Employers Mutual Casualty</td><td>21415</td></tr><tr><td><b>INSURER C:</b> Starr Surplus Lines Insurance</td><td></td></tr><tr><td><b>INSURER D:</b> Commerce and Industry Ins Co</td><td>19410</td></tr><tr><td><b>INSURER E:</b></td><td></td></tr><tr><td><b>INSURER F:</b></td><td></td></tr></table>		<b>INSURER A:</b> RSUI Indemnity Company	<b>NAIC #</b>	<b>INSURER B:</b> Employers Mutual Casualty	21415	<b>INSURER C:</b> Starr Surplus Lines Insurance		<b>INSURER D:</b> Commerce and Industry Ins Co	19410	<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER F:</b>															

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> GENERAL LIABILITY			SLPGGL0041402	12/09/12	12/09/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			2E80883	11/16/12	11/16/13	PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						Emp Ben. \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			NHA061931	12/09/12	12/09/13	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> CLAIMS-MADE						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WC003129354	03/21/12	03/21/13	AGGREGATE \$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						
	Y/N <input type="checkbox"/>						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	DESCRIPTION OF OPERATIONS below						
B	Property Section			2A80883	11/16/12	11/16/13	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
B	Equipment Floate			2C80883	11/16/12	11/16/13	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
							RENT/LEAS 330,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

\*\*\*\*\*SAMPLE\*\*\*\*\*

**CERTIFICATE HOLDER****CANCELLATION****INSURED**

For Insured Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE