



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 # 130359
Approval Date:
Permit \$

Applicant: Industrial Wrecking
Address: 600 N Chouteau T Fwy KCMO 64120
Phone: 816.241.5900 Fax: 816-241.5903

Location of the project:

Street address: 610 A/B/C/D 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 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: 1550 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 Cacoppe
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 816.363.1700 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).

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

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

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