



# 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 # 13 0356

Approval Date:

Permit \$

Applicant:

Industrial Wrecking

Address:

600 N Chouteau Trwy KCMO 64120

Phone:

816.241.5900

Fax:

816.241.5903

## Location of the project:

Street address:

623 NW Willow 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:

1750 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).

<b>PRODUCER</b> Twin Lakes Insurance Agency 608 S.W. Third Street Lee's Summit, MO 64063 Mark A. Smith, CIC		<b>816-525-2125</b> <b>816-525-4049</b>	<b>CONTACT NAME:</b> Sue Falter <b>PHONE (A/C, No. Ext):</b> 816-525-2125 <b>E-MAIL ADDRESS:</b> suef@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> <b>INSURER A:</b> RSUI Indemnity Company <b>INSURER B:</b> Employers Mutual Casualty <b>INSURER C:</b> Starr Surplus Lines Insurance <b>INSURER D:</b> Commerce and Industry Ins Co <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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		SLPGL0041402	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
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input checked="" type="checkbox"/> <b>RETENTION \$</b>		NHA061931	12/09/12	12/09/13	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 STATUTORY LIMITS <input type="checkbox"/> OTHER 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/LEASE 330,000

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

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

**CERTIFICATE HOLDER****CANCELLATION**

<b>INSURED</b>  <b>For Insured Purposes Only</b>	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b>  
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