



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>PRDEM 20142296</u>
Approval Date: <u>8-14-14</u>
Permit \$ <u>30.00</u>

Applicant: Midland Wrecking, Inc.
Address: P.O. Box 14906, Lenexa, KS. 66215
Phone: (913) 432-0314 Fax: (913) 432-6021

Location of the project:

Street address: 516 NW Murray Rd., Lee's Summit, MO.
Legal description: _____

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 Apt. Bldg.

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:

2 1/2 story apt. units; building is 218' x 60'
brick, cmu & structural metal studs/joists; concrete slabs

Number of stories: 2 1/2 Total square footage of the building: 39,000 SF

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

Steve Tripp-Midland Wrecking 8-14-14
Printed Name of Applicant



MIDLA-2

OP ID: JS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/11/14

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 SRA Insurance Agency, LLC 5201 Johnson Drive, Suite 500 Mission, KS 66205 Steven M. Lange		Phone: 913-831-1777 Fax: 913-831-4730	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):																					
INSURED Midland Wrecking, Inc. P.O. Box 14906 Lenexa, KS 66215		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td colspan="2">INSURER A : Great Divide Insurance Co.</td><td>25224</td></tr><tr><td colspan="2">INSURER B : Maxum Indemnity Company</td><td>26743</td></tr><tr><td colspan="2">INSURER C : Nautilus Insurance Company</td><td>17370</td></tr><tr><td colspan="2">INSURER D : American Interstate Ins. Co.</td><td>31895</td></tr><tr><td colspan="2">INSURER E :</td><td></td></tr><tr><td colspan="2">INSURER F :</td><td></td></tr></tbody></table>			INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Great Divide Insurance Co.		25224	INSURER B : Maxum Indemnity Company		26743	INSURER C : Nautilus Insurance Company		17370	INSURER D : American Interstate Ins. Co.		31895	INSURER E :			INSURER F :		
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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		ECO201087000 INCLUDES POLLUTION	02/11/14	02/11/15	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person) \$ 5,000				
	<input checked="" type="checkbox"/> Contractual	PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
						Pollution \$ 1,000,000
A	AUTOMOBILE LIABILITY		BAP201086910	02/11/14	02/11/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	BODILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident) \$				
	<input type="checkbox"/> HIRED AUTOS	PROPERTY DAMAGE (Per accident) \$				
	<input type="checkbox"/> SCHEDULED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
B	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	EXC602395401	02/11/14	02/11/15	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$ 3,000,000
	DED	RETENTION \$				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	AVWCKS2161902013	01/01/14	01/01/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

It is agreed that Certificate Holder is additional insured on all lines except work comp as their interest may appear as allowed by statute & if required by written contract.

CERTIFICATE HOLDER

LEESS-5

City of Lee's Summit Mo
P O Box 1600
Lee's Summit, MO 64063-6700

CANCELLATION

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

Janice A Spake

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