



LEE'S SUMMIT
MISSOURI

DEMOLITION PERMIT APPLICATION

For Office Use Only:

Permit #

Approval Date:

Permit \$

Applicant: Middleton Wrecking Inc

Address: PO 14906 Lenexa KS 66219

Phone: 913-432-0314 Fax: 913-432-6021

Location of the project:

Street address: 708 NW Murray Rd - Bldg 'E'

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 (Multi-Family)

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: 3 story apartment Bldg

Number of stories: 3 Total square footage of the building: _____

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]
Signature of Owner or Authorized Agent

JO KATCS
Printed Name of Applicant

10-1-14
Date

M:\CODES ADMIN\Forms and Handouts\Codes\Forms\Demo Application.doc

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Great Divide Insurance Co.</td> <td>25224</td> </tr> <tr> <td>INSURER B : Maxum Indemnity Company</td> <td>26743</td> </tr> <tr> <td>INSURER C : Nautilus Insurance Company</td> <td>17370</td> </tr> <tr> <td>INSURER D : American Interstate Ins. Co.</td> <td>31895</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		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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INSURED Midland Wrecking, Inc. P.O. Box 14906 Lenexa, KS 66215																						

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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY		ECO201087000	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
	AUTOMOBILE LIABILITY		BAP201086910	02/11/14	02/11/15	Pollution \$ 1,000,000
<input checked="" type="checkbox"/>	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
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	<input type="checkbox"/> 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 <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					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**CANCELLATION**

LEESS-5 City of Lee's Summit Mo P O Box 1600 Lee's Summit, MO 64063-6700	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 <i>James A Spake</i>
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