

For Office Use Only	:
Permit #	
Approval Date:	
Permit \$	

## DEMOLITION PERMIT APPLICATION

Applicant: Ats Restoration & Roofing LLC
Applicant: AAS Restoration & Roofing LLC Address: 3131 Wheeling Avenue
Phone: 816-861-1550 Fax: 816-861-1056
Location of the project:
Street address: 4310 SW PRYOR RD 64082
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 X Other (CARA (-E)
Will the water service removed? (Complete demolition only)
Will the sanitary service be removed? MA (Complete demolition only) (No sanitary service in garage)
Will the sanitary service be removed? MA (Complete demolition only) (No sanitary service in garage)  Description of the building to be demolished Three-Car detached garage
Number of stories:Total square footage of the building: 36 x 30
Does the applicant own the structure to be removed? Yes \( \sum \) No Project Valuation: \$ 3500
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 clip of Lee's Summit and all applicable ordinances.
Brad Noll 7/16/2016
Signature of Owner or Authorized Agent Printed Name of Applicant Date

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