



LEE'S SUMMIT
MISSOURI

DEMOLITION PERMIT APPLICATION

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

Applicant: <u>Rescue 7 Construction</u>	
Address: <u>308 W W Cichwood DR</u>	
Phone: <u>816 944-3911</u>	Fax: _____

Location of the project:	
Street address: <u>221 NW Chipman RD</u>	
Legal description: _____	

Required information:	
Is the building to be partially or completely demolished? <input checked="" type="checkbox"/> Partial <input type="checkbox"/> Complete	
Use of the building: <input type="checkbox"/> Single family residential <input type="checkbox"/> Two family <input checked="" type="checkbox"/> Commercial building <input type="checkbox"/> Other	
Will the water service removed? <u>no</u> (Complete demolition only)	
Will the sanitary service be removed? <u>no</u> (Complete demolition only)	
Description of the building to be demolished <u>walls and Roof</u>	

Number of stories: <u>1</u> Total square footage of the building: _____	
Does the applicant own the structure to be removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Project Valuation: \$ <u>100,000</u>	
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.

Michael Kemp
Signature of Owner or Authorized Agent

Michael Kemp
Printed Name of Applicant

3-17-17
Date