

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

DEMOLITION PERMIT APPLICATION

Applicant: CAtco
Address: 36CI Parca
Phone: 816 795 9100 Fax: 816 795 9106
Location of the project:
Street address: 834 Sw Blue Parkung L.S.
Legal description:
Required information:
Is the building to be partially or completely demolished? Partial Complete
Use of the building: Single family residential Two familycommercial building Other
Will the water service removed? <u>NO</u> (Complete demolition only)
Will the sanitary service be removed? (Complete demolition only)
Description of the building to be demolished
Number of stories: Total square footage of the building:
Does the applicant own the structure to be removed? Yes No Project Valuation: \$ Solution
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 Loc Summit and all applicable ordinances.
Signature of Owner or Authorized Agent Printed Name of Applicant Date

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