

BUILDING DEPARTMENT

420 W. MARKET STREET - ALBION, NE 68620

Permit #	
Zoning District	

Demolition	Permit	t Appl	ication
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Date					
Location Of Project:					
Legal Description:					
Property Owner Name:					
Property Owner Address:					
Demo Contractor Name:					
Demo Contractor Address:					
Description of structure to be demolished:	·				
Water Meter Returned? Y N					
Asbestos Inspection Complete? Y N Demo Start Date (If yes please submit report with application)					
Capped water line inspected by Water Commissioner? Y N					
Capped sewer line inspected by Sewer Commissioner? Y N					
I Hereby certify that the proposed work is authorized by the owner of record, and I have been authorized by the owner to make this application as his or her agent, that all statements herein are true and correct to the best of my knowledge and do hereby apply for a Demolition Permit for the structure as described in this application. The city Building Inspector and Code Official, who may be accompanied by others, are hereby authorized to enter the property during normal working hours.					
Signature of Applicant as Owner or Owners Agent	Date				
Official Use Only	Utilities Disconnect:				
Date	Date Initial Electric				
	Gas				
	Water				
Application Reviewed ByTitle	Sewer				
Approving Signature					
Approving Signature					