

Mail to: 208 W. Booneslick Road, Warrenton, MO 63383
or fax to:(636)456-1336

DEMOLITION PERMIT APPLICATION

PERMIT# _____

Type of Construction: Residential Commercial

PROPERTY LOCATION

Address: _____ Sub: _____
_____ Lot: _____

Owner Name: _____ Address: _____

City: _____ St: _____ Zip: _____ Ph: _____

Contractor

Name: _____ Address: _____

City: _____ St: _____ Zip: _____ Phone: _____

Any Hazardous Material? yes no

Spoils will be trucked to: _____

Age of Building: _____

Size of Building: _____ (sq. feet)

Estimated Cost of Demolition: \$ _____

Start Date:

Completion Date:

NOTES:

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of this jurisdiction. I understand that a commercial occupancy will be required to file a business license application with the City Clerk's Office.

Signature of Applicant

Date