OFFICE USE ONLY

RESIDENTIAL ( ) NO. _____
COMMERCIAL ( ) DATE_____

41. S. CENTRAL AVE., 6th FLOOR, CLAYTON, MO. 63105

APPLICATION FOR DEMOLITION PERMIT

MUNICIPALITY_____ FIRE DISTRICT_____ LOCATOR # _____

ADDRESS OF STRUCTURE: _____
(number) (street) (zip)

DESCRIPTION OF STRUCTURE AND ACCESSORY STRUCTURES TO BE DEMOLISHED:

1. _____ Gross Sq. Ft. (Including Basements): _____
2. _____ Gross Sq. Ft.: _____

Please list additional structures on separate sheet

Total Gross Sq. Ft.: _____

APPLICANT'S NAME _____ PHONE NO _____

ATTENTION (Print): _____

(FULL) APPLICANT'S ADDRESS _____ZIP_____

OWNER'S NAME _____ PHONE NO. _____

(FULL) OWNER'S ADDRESS _____ZIP_____

NOTE: ALL UTILITIES MUST BE PROPERLY DISCONNECTED AND SEWER CAPPED BEFORE DEMOLITION CAN START.
THIS OFFICE MUST BE NOTIFIED IN WRITING BY THE APPROPRIATE UTILITIES WHEN DISCONNECTS ARE MADE.

APPLICANT'S SIGNATURE _____ DATE_____
EMAIL ADDRESS: _____
* I certify that I am the Property Owner/Agent for the owner and/or otherwise authorized to perform this work.
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FOR OFFICE USE ONLY	**ACCOUNTING ONLY**
HEALTH APPROVAL _____	PERMIT & INSPECTION FEE $_____
MUNICIPAL ZONING APPROVAL _____	OTHER STRUCTURES $_____
WATER DISCONNECT _____	**TOTAL DUE** $_____
GAS DISCONNECT _____	DATE PAID & CHECK #: _____
ELECTRIC DISCONNECT _____	**INSPECTION ONLY**
RIGHT-OF-WAY OWNER APPROVAL _____	APPROVAL: _____
PLUMBING PERMIT #_____	DOWN & CLEARED (DATE):_____
APPROVED ON: _____	INSPECTOR: _____
DRAINLAYING PERMIT #_____	APPROVED: _____
APPROVED ON: _____	DATE: _____