



CITY OF IOLA DEMOLITION PERMIT APPLICATION

Applications Will Not Be Processed Until All Requested Information Has Been Provided

Permit Number: _____

Description of Work:

Job Address: _____

Description of the property to be demolished:

In the next two years, do you plan to rebuild upon the described property? Yes No

If yes, what is to be built? _____

Utility Information:

Remove gas meter (by City)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Plug gas service (by City)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remove electric meter (by City)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remove electric line (by City)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remove water meter (by City)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Plug water service (by City)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plug sewer line (by Owner)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Owner Information:

Name: _____

Address: _____

Telephone: _____

Proof of ownership: _____

(Copy filed with permit)

Contractor Information:

Name: _____

Phone: _____

Address: _____

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT STARTED WITHIN 180 DAYS, OR IF WORK OR CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS STARTED. PERMITS SHALL BE RENEWED ANNUALLY.

Applicant Signature

Date

\$15 Permit Fee Paid? Yes No

Building Inspector Signature

Date