



# 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