

DEMOLITION PERMIT APPLICATION

THIS APPLICATION MUST BE COMPLETED IN FULL
CONTRACTOR MUST MAINTAIN A \$5,000.00 BOND WITH THE CITY OF FALLS CITY

Job Address _____ Application Date _____
Owner _____ Phone # _____
Owner's Mailing Address _____
Contractor _____ Phone # _____
Contractor's Mailing Address _____
If applicable: Plumber _____ Electrician _____
(Plumbers and Electricians must have Falls City License. Exception: Owners doing work on their personal residence.)
Approx. Starting Date _____ Approx. Completion Date _____

Project can not be started until permit is approved. ~ FALLS CITY ORDINANCE §9-707
Application fee is doubled if the project has been started prior to permit issued. ~ FALLS CITY ORDINANCE §3-1004

Type of Building: Commercial Residence Apartment
 Storage Building Garage Other _____

Valuation of Demo: _____ Describe Work: _____

Dimensions _____ X _____ Garage Storage Building _____ Sq. Ft.

* If new construction will take place at this location, the applicant should complete the required Building Permit Form.

Please Read Carefully: I hereby certify that I have read and examined this application and have answered all above statements completely and correctly. To the best of my knowledge, all work will be done in accordance with these requirements and all other Ordinances of the City of Falls City, Nebraska. I understand that a \$5,000.00 license and permit bond made payable to the City of Falls City, must be posted in the Office of the City Clerk with the submission of the permit application. I understand that if I do not have the capping of utility lines inspected by the City, I will be required to uncover them at my expense, for inspection. I further certify that I am authorized to sign this application.

YOU MUST RECEIVE THE APPROVED DEMOLITION PERMIT BEFORE ANY WORK CAN BEGIN.

Signature _____ Date _____
(Owner, Contractor, or Authorized Agent)

CITY USE ONLY

The application has been reviewed, the required plans have been check and the construction site has been visited; all is in order and complies with Codes and other Ordinances of Falls City, Nebraska.

Recommend: Approval Date _____ Building Inspector _____
 Disapproval Date _____ Utilities Inspector _____

Permit Refused for the following reasons: _____

Comments: _____

Date paid: _____ Fee: _____ Cash Check _____ Building Permit No _____

I hereby certify that said application meets all City Ordinances of Falls City, Nebraska and that all fees have been paid.

Approved : _____ Date Issued: _____

City Clerk

Utility Service Removal Request

Service Location _____

Property Owner _____

Party Requesting service removal _____

Address _____

City _____

State _____

Permit will not be approved until all utilities have been removed by the Utility Dept.

Signature _____ Date _____
Owner or Authorized Agent

Requested removal date _____

Services to be removed by Utilities:

Electric	_____	Date removed	_____
		Person disconnecting	_____
		Person inspecting	_____

Gas	_____	Date removed	_____
\$100 fee		Person disconnecting	_____
		Person inspecting	_____

Water	_____	Date removed	_____
\$100 fee		Person disconnecting	_____
		Person inspecting	_____

Services to be removed by Contractor with inspection by Utilities:

Sewer	_____	Date removed	_____
		Person disconnecting	_____
		Person inspecting	_____

Form reviewed by _____

Utility Superintendent _____

Building Inspector _____