



2307 Barada Street
Falls City, NE 68355
P: (402) 245-2851
F: (402) 245-2741
fallscitynebraska.org

BEFORE YOU DIG, CALL DIGGERS HOTLINE: 811

DEMOLITION PERMIT APPLICATION

Date: _____

Location of Demolition: _____

Estimated Value of Work: _____

Company: _____ Property Owner: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Zoning District: _____ Size of Building L _____ W _____ H _____ Square Ft: _____

Building Use: _____ Basement: yes _____ no _____

A \$5,000.00 Surety Bond or Cashiers Check In-Lieu with City of Falls City listed is required with application

Additional Information: _____

I hereby affirm the correctness of the above data and further, that I will abide and certify that my subcontractors will abide by the applicable building code of the city.

****Demolition must be completed within 90 days of issuance to make permit valid.****

Printed Name of Applicant

Signature of Applicant

*****Utility Disconnects Required before Demolition begins*****

Water Shutoff _____ Natural Gas _____ Electrical _____

*****Utility Disconnect Required after Exposed*****

Sanitary Sewer _____ Water _____

Utilities Representative

Building Inspector

City Clerk

Residential Building \$25.00

Residential Accessory Building \$25.00

Business/Commercial Building \$50.00

(Only 1 fee per permit. Fees double if demolition started prior to obtaining a permit)

Permit Fee: _____

Falls City Utility disconnect fees are the responsibility of the owner.

PLEASE MAKE CHECKS PAYABLE TO: **CITY OF FALLS CITY**

Comments:

(402) 245-2851 Please notify our office 24 Hours in advance for inspections – Thank you

CHECKLIST FOR INSPECTIONS:

- ____ Application, Proof of Surety and Payment
____ Utilities Disconnected and Signature from City Department
____ Asbestos Inspection and/or Clearance Inspection Report (Residential & Commercial Buildings)
____ Final City Inspection (Site properly backfilled and graded)

Permit # Issued: _____

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 shutoff _____

\$100 fee _____ Person shutting off _____

Person inspecting _____

Services to be removed by Contractor with inspection by Utilities:

Sewer _____ Date removed _____

Person disconnecting _____

Person inspecting _____

Water _____ Date removed _____

Person disconnecting _____

Person inspecting _____

Form reviewed by _____

Utility Superintendent _____

Building Inspector _____