

CITY OF ALTA VISTA

Application for Demolition Permit

1. APPLICANT'S NAME: _____

2. Address: _____

3. Phone #: Daytime: _____ Evening: _____

4. Address of demolition site: _____

5. Description of what will be demolished: (Primary building, accessory building, foundation, slabs etc.)

6. Involved contractors identification (name, address & phone#)

7. Supplemental items: (check if needed)
_____ Water service termination at main
_____ Water service disconnected at meter pit*
_____ Sanitary sewer capped at main*

*(These items **shall be** required before permit is issued and is done by the property owner or contractor. Unless other arrangements are made and approved by the City of Alta Vista Superintendent 620-767-3379)

Applicant

Date

(All work must start within 30 days and be completed within 60 days of date of issuance of permit)

For Official Use Only:

City Utilities checked by City Superintendent:

A. Sewer cap at main _____

B. Water service termination at main/disconnect city meter _____

Demolition application approved _____ **by** _____