



Residential / Commercial Application
Demolition / Removal

Project Address: _____

Applicant is: Property Owner Contractor Architect Engineer Other _____

Applicant _____ E-mail _____

Address _____ Phone # _____

Contractor _____ E-mail _____

Address _____ Phone # _____

Residential Project Non-residential Project

Removal to _____ (location)

Aboveground/ Underground Tank Dwelling Detached Garage Other _____

Existing electrical connections Yes No Existing water/sewer connections Yes No

House-Mover's License applied for (Apply at City Clerk's Office) Yes No Not applicable

Additional Description/Disposition of foundation walls and services to property:

Date work to start: _____ Date work to be completed by: _____

* All construction materials and products and debris shall be removed from the site - - - on-site burial prohibited

* *Water service shall be disconnected and capped @ corp valve – inspection required prior to cover-up

**Plumbing Permit required prior to demolition permit issuance (plumber to contact Municipal Utilities Department @ (515) 963-3520)

* *Sewer service shall be disconnected and capped @ property line - inspection required prior to cover-up

**Plumbing Permit required prior to demolition permit issuance (plumber to contact Municipal Utilities Department @ (515) 963-3520)

* Septic system removal shall be permitted with Polk County...email: PublicWorks@polkcountyiowa.gov or call (515) 286-3705

* Asbestos and/or other contaminants may impose additional requirements from outside agencies

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local laws regulating construction or the performance of construction.

Signature of Applicant _____ Date _____

Printed Name: _____

ALLOW A MINIMUM OF 5 FULL WORKING DAYS FOR PERMIT REVIEW & APPROVAL

Date received _____	Permit Fee \$ 25	Office Use Only
Approval Notification Date _____		