



Permit No. _____

Date. _____

CITY OF SHENANDOAH, IOWA DEMOLITION PERMIT

Name of Person/Company performing the demolition: _____

Address of Person/Company performing the demolition: _____

Phone #: _____

Property Location: _____

Name of Owner: _____

Address of Owner: _____

Phone#: _____

DIMENSIONS OF BUILDING

Width _____ Depth _____ No. of stories _____ Area of lot _____

Date of work commencement: _____

Estimated date of completion: _____

NOTICE TO APPLICANT

City Ordinance 90.04 Abandoned Connections: When an existing water main service is abandoned or a service is renewed with a tap in the main, all abandoned connections with the mains shall be turned off at the corporation cock and made absolutely water tight. *On additional pages please provide a diagram of the proposed project, written assurances with respect to disconnection and removal of existing sewer and water mains, and attach a copy of your deed to the property showing the correct legal description.*

Signature Wastewater Superintendent: _____
712-246-4117 4148 190TH St. Shenandoah, IA 51601

Date: _____

Signature Water Superintendent: _____
712-246-3372 609 W. Ferguson Ave. Shenandoah, IA 51601

Date: _____

THE UNDERSIGNED HEREBY MAKES APPLICATION TO DEMOLISH

This application and any permit that may be granted in response thereto are subject to all the laws of the State of Iowa, and all ordinances of the City of Shenandoah, Iowa, and the rules and regulations of the State and local Board of Health, that may have a bearing on the same. This includes the applicant meeting any and all requirements for asbestos or other contaminants removal and that the City of Shenandoah is not responsible for identification or removal of any and all contaminants.

_____, applicant, being fully advised, hereby certifies that he is the owner or that he is authorized and empowered to represent the owner, who makes the accompanying application; that the application, plat, plans and specifications are true, and contain a correct description of the proposed building to be demolished. Further, the applicant agrees to all statements contained in this application.

Signature of Applicant

Date

OFFICE USE ONLY

DATE PAYMENT RECEIVED: _____

AMOUNT: _____

PERMIT ISSUED: _____

PERMIT EXPIRES: _____

EXAMINED AND DENIED DATE: _____

DESCRIPTION OF DENIAL: _____

CITY ADMINISTRATOR: _____