



INSPECTIONS: PH: 620-276-1120 FAX: 620-276-1173 WEB: garden-city.org
301 N. 8th, P.O. Box 998 Garden City, KS 67846

DEMOLITION PERMIT APPLICATION:

LOCATION: Garden City: [] Holcomb: [] Finney County: []
PROJECT ADDRESS: _____
DESCRIPTION OF WORK: _____

SUBDIVISION NAME: _____ **LOT NO.:** _____ **BLOCK NO.:** _____ **ZONING DISTRICT:** _____

DEMOLITION DEBRIS DUMP SITE: _____

OWNER: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____ FAX: _____ CELL: _____
APPLICANT: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____ FAX: _____ CELL: _____
E-MAIL ADDRESS: _____

CONTRACTOR INFORMATION:
BUILDER: _____
CONTRACTORS LICENSE: _____ YES _____ NO

***** NOTICE APPLICANTS, OWNERS, AND CONTRACTORS DEMOLITION PROJECTS *****

I HEREBY AGREE TO CHECK AND ABIDE BY ALL CITY, COUNTY, STATE, OR FEDERAL LAW IN REGARDS TO THE HANDLING AND PROPER DISPOSAL OF POTENTIALLY HAZARDOUS MATERIALS INCLUDING LEAD, ASBESTOS, AND OTHER MATERIALS SO REGULATED. DEMOLITION OF STRUCTURES BUILT BEFORE 1978 WILL REQUIRE PROOF THAT A LEAD ASSESMENT EVALUATION OF THE STRUCTURE HAS BEEN PERFORMED. AN ASBESTOS ASSEMENT MAY BE REQUIRED BY THE BUILDING OFFICIAL. I FURTHER UNDERSTAND PENALTIES AND FINES MAY APPLY FOR IMPROPERLY DEMOLISHING A STRUCTURE AND THE DISPOSAL OF DEBRY THAT MAY CONTAIN SAID HAZORDOUS MATERIALS.

I HEREBY UNDERSTAND THAT THE SITE SHALL BE BARRICADED AND PROPERLY POSTED UNTIL THE DEMOLITION WORK IS COMPLETED. I FURTHER UNDERSTAND THAT PRIOR TO STARTING DEMOLITION WORK THAT I WILL NOTIFY ALL UTILITIES IN ORDER THAT ALL UTILITIES WILL BE PROPERLY SECURED AND DISCONNECTED. ALL DEMOLITION DEBRIS, INCLUDING BASEMENT FOOTINGS, FLOORS, WALLS AND/OR STEM WALLS, SHALL BE REMOVED FROM THE DEMOLITION SITE.

BUILDING PERMIT INFORMATION: (Fill in or Circle Correct Answers) Work to begin: _____ and to be completed: _____

The following plans are attached with this application: *Plot Plan/Site Plan:* Yes or No *Proof of Lead Clearance attached:* Yes or No

Proof of Asbestos Clearance: Yes or No

Total Site Area: _____ **Sq.Ft.** _____ **Acres**

I HEREBY AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND ALSO AGREE TO COMPLY WITH ALL APPLICABLE PROVISIONS OF CHAPTER 18, BUILDINGS AND BUILDING REGULATIONS OF THE CODE OF ORDINANCES OF THE CITY OF GARDEN CITY AND OTHER APPLICABLE REGULATIONS AND LAWS THAT MAY APPLY. **DEMOLITION MUST BE COMPLETED WITHIN 60 DAYS OR THIS PERMIT SHALL BE NULL AND VOID.**

I HEREBY UNDERSTAND THAT THERE WILL BE A FINE FOR VIOLATIONS.

APPLICANTS SIGNATURE: _____ **DATE:** _____

***** FOR OFFICE USE ONLY BELOW THIS LINE *****

RECEIPT NUMBER: _____ APPLICATION RECEIVED ON: _____ FILED: <input type="checkbox"/> PLOT PLAN/SITE PLAN <input type="checkbox"/> DRAWINGS & SPECIFICATIONS BUILDING PERMIT FEE: _____ MILEAGE FEE: _____ OTHER: _____ TOTAL PERMIT FEE: _____ <input type="checkbox"/> PERMIT FEE PAID PERMIT FEE RECEIVED BY: _____	<p align="center">** INSPECTIONS **</p> APPROVED _____ DENIED _____ _____ PLOT PLAN/SITE PLAN _____ _____ BUILDING PLANS _____ OCCUPANCY GROUP: _____	<p align="center">** ENGINEERING **</p> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	<p align="center">** PLANNING **</p> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> Historic Clearance <input type="checkbox"/> Site Plan Approved <input type="checkbox"/> Property Platted <input type="checkbox"/> Floodplain
	PERMISSION IS HEREBY GRANTED TO PERFORM THE WORK INCLUDED IN THIS APPLICATION. THIS PERMIT SHALL NOT BE CONSTRUED TO PERMIT ANY VIOLATION OF APPLICABLE LAWS, REGULATIONS, ORDINANCES, AND CODES. CONSTRUCTION MUST BE STARTED WITHIN 60 DAYS AND WORK SHALL NOT BE SUSPENDED FOR MORE THAN 120 DAYS OR THIS PERMIT SHALL BE NULL AND VOID. BUILDING INSPECTOR: _____ DATE: _____ PERMIT NUMBER: _____		