

Zoning Classification _____

PERMIT NUMBER _____
FEE \$10.00 CASH _____ CHECK# _____

APPLICATION FOR A DEMOLITION PERMIT

DIRECTIONS: Fill in the following information as accurately and completely as possible. This application is not acceptable unless all required information is furnished.

Property Owner _____ Contractor _____

Address _____ Address _____

City, State, Zip _____ Phone Number _____

Phone Number _____ Cell Phone _____

Complete Legal Description of the Property _____

Address of Demolition Site _____

Structure to be demolished _____

Approximately when will demolition Start _____ Finish _____

Asbestos Inspection Conducted? Yes _____ No _____ **Attach inspection report.**

Contact Utility Superintendent at (308) 754-4483 regarding Inspection. _____ Date of visit _____
(Matt Helzer's signature)

Recommendations needed before approval: _____

MUST CALL DIGGERS HOTLINE @ 811 BEFORE DIGGING – CONSTRUCTION ON UTILITY EASEMENTS IS NOT PERMITTED. The above information is, to the best of my knowledge, true and accurate. It is understood and agreed that any error, misstatement or misrepresentation of fact, either with or without intention on my part, such as might, if known, cause a refusal of this application, or any alteration or change in plans made without the approval of the Zoning Administrator subsequent to the issuance of the Permit, shall constitute sufficient grounds for the revocation of such permit. This permit is valid for one (1) year from approval date.

The signature also indicates permission granted to the Zoning Administrator to inspect the demolition site in which this permit is granted at any time until completed.

Signature of Applicant _____ Date _____

Taxes must be paid in full prior to demolishing/removing any structure. Treasurer's certificate of approval to move or demolish the building MUST be attached.

For Office Use Only:

Permit is Approved _____ Denied _____ Date _____

Zoning Administrator

Reasons for Denial: _____