

DEMOLITION PERMIT APPLICATION

City of Columbia Public Works Department / Building and Site Development Division
 701 E. Broadway, Columbia, Missouri 65201
 Phone: (573) 874-7474 Fax: (573) 874-7283 TTY: (573) 874-7251

BUILDING ADDRESS:		PROPERTY ZONING:	PERMIT #
PROPERTY USE:	CONSTRUCTION TYPE:	LEGAL DESCRIPTION:	
CONTRACTOR:		BUILDING OWNER:	
ADDRESS:		ADDRESS:	
CITY, STATE, ZIP		CITY, STATE, ZIP	
TELEPHONE NUMBER:		TELEPHONE NUMBER:	
E-MAIL ADDRESS:		E-MAIL ADDRESS:	

REQUIREMENTS FOR DEMOLITION PERMIT

_____ (Inspectors Initials) For occupancy **other than** one and two family, submit copies of written notice to adjoining property (lot) owners of intent to demolish building. To be delivered one week prior to commencement of work per IBC, Section 3307.1

_____ (Inspectors Initials) Utilities disconnect certificate for **gas** per IBC, Section 3303.6
 Contact Ameron UE Phone 573-876-3048

_____ (Inspectors Initials) Utilities disconnect certificate for **water** per IBC, Section 3303.6
 Visit Utility Accounts Department, 701 E. Broadway, Consolidated Water District, 1500 N. 7th St.

_____ (Inspectors Initials) Utilities disconnect certificate for **electric** per IBC, Section 3303.6
 Visit Utility Accounts Department, 701 E. Broadway, Boone Electric Cooperative 1413 Rangeline St.

_____ (Inspectors Initials) Results of sewer tap inspection by City Sewer Maintenance Division
 Contact the Sewer Maintenance Superintendent, phone # 874-6287.

_____ (Inspectors Initials) Refundable cash bond of \$2000.00.

_____ (Inspectors Initials) Submitted Historic Preservation Commission Intent to Demolish Structure.
 Date Submitted _____ Ten (10) working day delay required.

I hereby acknowledge that I have read this application and state that the above is correct and I agree to comply with the city ordinances and state laws, regulating building demolition.

GENERAL CONTRACTOR SIGNATURE	DATE	APPROVED BY
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NOTICE TO CITY OF COLUMBIA HISTORIC PRESERVATION

COMMISSION OF THE INTENT TO DEMOLISH A STRUCTURE

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CONTRACTOR:	BUILDING OWNER:
ADDRESS:	ADDRESS:
CITY, STATE, ZIP	CITY, STATE, ZIP
TELEPHONE NUMBER:	TELEPHONE NUMBER:
FAX NUMBER:	FAX NUMBER:
E-MAIL ADDRESS: (Required)	E-MAIL ADDRESS: (Required)

Check which applies:

Demolition permit applied for on _____.

I intend to apply for a demolition permit for a building at the above address

To the best of your knowledge:

Is the building or structure to be demolished more than fifty (50) years old?

Yes No

Is the building or structure in a historic district, is it a landmark, or has it otherwise been recognized as historically significant? Yes No

Name Printed _____

Signed _____

Date _____

Received by Planning and Development Department for the Historic Preservation

Commission: _____.

NOTIFICATION RECEIPT

City of Columbia Public Works Department / Building and Site Development Division
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A NOTICE TO CITY OF COLUMBIA HISTORIC PRESERVATION COMMISSION OF THE INTENT TO DEMOLISH A STRUCTURE WAS SUBMITTED TO THE DEPARTMENT OF PLANNING AND DEVELOPMENT:

BUILDING ADDRESS: _____

SUBMITTED BY: _____

NOTICE RECEIVED BY: _____

DATE RECEIVED: _____