**DEMOLITION PERMIT APPLICATION**

Permit # \_\_\_\_\_\_\_\_

**City of Lake Ozark**

**P.O. Box 370**

**Lake Ozark, MO 65049**

***LAKE OZARK***

**(573) 365-5378**

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| **SITE/ PROPERTY INFORMATION** |
| App. Date: | Street Address: |
| Subdivision: | Zoning: | Lot Number: |

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| --- |
| **OWNER(S) INFORMATION** |
| Name: | Address: |
| City: | State: | Zip: | Phone #: ( ) |

|  |
| --- |
| **CONTRACTOR INFORMATION** |
| Company Name: | Contact Name: |
| Mailing Address: | License #: |
| City: | State: | Zip: | Phone #: ( ) |
| Start Date: | Est. Completion Date: |

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| **REQUIREMENTS, SPECIAL INSTRUCTIONS AND/OR NOTES** |
| * If a DNR permit is required, a copy of the DNR permit shall be submitted with the City application.
* Existing City utilities shall be disconnected with the supervision and approval of the Public Works Director. The applicant or contractor shall be responsible for contacting the City at (573) 365-5378 to coordinate any inspections.
* Demolition permits require a final inspection by the Building Department when the project is complete
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I certify that I am familiar with the State and City requirements for the demolition of existing buildings. I further certify that I will schedule all required inspections and maintain a safe and secure job site for the duration of the project.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Do not write below this line – OFFICIAL USE ONLY***

**FEE PAID: $ \_\_\_\_\_\_\_\_\_\_ APPROVED: 🞏 YES 🞏 NO**

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Approval Signature / Title Issue Date

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Project Completion Signature Approved Completion Date

***THIS PERMIT MUST BE POSTED ON SITE AND VISIBLE FROM THE STREET***