Demolition Permit ApplicationCity of Herington, Kansas

To be completed by Applicant								
Job Address:								lress: Jse)
Owner:				Phone:				
Mailing Address :	City:		State:		Zip:			
Contractor:	License No.:		Phone:					
Mailing Address:	City:		State:		Zip:			
Use of Building:				Area (ft²):				
Class of Work (circle): New Addition Alteration			Repai	ir Move Remove				
Describe Work:								
NOTICE				ONNECT O		E USE ONI		DI ETED.
The owner of a building to be demolished is responsible for the disconnection of utilities and any inspections involving hazardous				LITIES		QUIRED: YES/NO)		PLETED:
materials (i.e., asbestos, lead, etc.) before commencing the demolition. Failure to complete demolition or secure an extension of time within for ninety (90) days will result in a fine. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. Permit not validated until Permit Fee is paid.				ervice:				
				rice:				
				l Service:				
				PECIAL REQUIRED: (YES/NO)			RECEIVED: (date)	
				sion Board:				
or Authorized Agent		Date	Health I	Health Department:				
Signature of Owner				partment:				
(if owner builder) OFFICE USE ONLY			Soil Rep	ort:				
Special Conditions:			KDHE:					
				orical Society:				
			City Con	nmission:				
Permit No.:	Approval I	Date:	Bond/In	surance:				
Approved By:				RMIT F	EE	: \$	1	

White – Applicant Canary – City Inspector JDM 10/27/2022