

# CITY OF WEST LIBERTY

409 N. Calhoun Street – West Liberty, IA 52776

Phone: (319) 627-2418 Fax: (319) 627-4847

## DEMOLITION PERMIT APPLICATION

Application Date \_\_\_\_\_

Permit Issuance Date \_\_\_\_\_

1. Site Address: \_\_\_\_\_

2. Dimensions of Building: \_\_\_\_\_

3. Use of Building: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Number of Dwelling Units: \_\_\_\_\_

4. Frame Type (e.g., masonry; wood; steel) \_\_\_\_\_

5. Disposal site for demolition materials: \_\_\_\_\_

*List and hazardous materials known to be on the site, ie. asbestos, underground tanks, etc. and specify abatement plans and abatement contractor* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

7. Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

8. What is owners intended future use: \_\_\_\_\_

\_\_\_\_\_

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