



DEMOLITION PERMIT APPLICATION

Property Owner Information

Owner Name: _____ PID # _____
Property Address: _____ City: _____
E-mail Address: _____ Phone: _____

Applicant Information

Name: _____ Date: _____
Address: _____ City: _____
E-mail Address: _____ Phone: _____

Demolition Contractor Information

Company Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

Demolition Type

- Total
- Partial-Identify the exterior wall (s), roof of portion of wall (s) and roof to be demolished:

Property Type

- Commercial
- Residential

I, the undersigned, hereby swear or affirm that the information provided in this application is true and correct to the best of my knowledge and is an accurate reflection of my intentions for the above structure and/or property. I understand that any omission or incorrect information herein will render this application and any permit obtained invalid.

- As owner(s) of the property described in this application, I/we hereby authorize the Applicant listed on this application to act on my/our behalf during the processing and presentation of this request. They shall be the principal contact with the City in processing this application.**

Signature of Applicant: _____ Date: _____
Signature of Owner: _____ Date: _____



City of Sullivan City

CONTRACTORS/SUB-CONTRACTOR REGISTRATION APPLICATION

Name of Applicant: _____	
Phone: () _____	
Address: _____	
Doing Business as: _____	
() GENERAL CONTRACTOR	REGISTRATION DATE: _____
() SUB-CONTRACTOR	EXPIRATION DATE: _____
() OTHER _____	
Registration Fee: <u>\$50.00</u>	(Office Use Only)

Signature: _____ Date: _____

(MUST PROVIDE PROOF OF GENERAL LIABILITY OF BOND TO REGISTER)