

Demolition Permit



Date Issued:

Issued By:

Application Date	Type of Structure	Asbestos Clearance Y / N	Zone	Existing Use of Land	Intended New Use	10 Day Removal Period
Owner/Applicants Name					Phone No.	
Owner's/Applicant's Mailing Address				City/State/Zip		
DEMOLITION SITE - Address						
Contractor Name					Phone No.	
Contractor's Mailing Address				City/State/Zip		
Contractor License Number						
State Asbestos Inspector Name					Date Inspected	

**Contractors will have to cap sewer line and have it inspected by a Public Works inspector PRIOR to the Demolition Permit being released.*

FOR CITY USE ONLY

TYPE	FEE	COMMENT
Demolition Fee Caselle #310 GL acct. #10-3200-221		
SWPPP Fee Caselle #2208 GL acct. #10-3400-571		
State Surcharge Caselle #311 GL acct. #10-3200-220		
TOTAL FEE		
Total Valuation		

DEPARTMENT	SIGNATURE	DATE	COMMENTS
Building Division			
Planning & Zoning			
Power Department			
Questar Gas			
State Asbestos Inspector			
SWPPP			
Waste Water Department			
Water Department			

Having duly filed this application in the office of the Springville City Community Development Department, we agree to do the work authorized in the above permit, in accordance with the rules and requirements of the International Building Code and Springville City Ordinances pertaining to demolition in Springville City, along with any requirement of the Utah State Department of Environmental Quality Division of Air Quality. We agree to comply with all agencies, and any misrepresentation or errors herein are the sole responsibility of the applicant, and shall in no way incur or accrue liability or obligation to enforcing officers or agents. We hereby indemnify and hold Springville City, its elected officials, officers and employees harmless from any claimer or cause of action arising from this permit or any demolition work done in Springville City. This permit becomes null and void if work on demolition authorized has not been completed within the 10-day time period allotted in accordance with the Utah Division of Air Quality.

Owner/Applicant's Signature: _____

Date: _____

Contractor's Signature: _____

Date: _____