CITY OF ASHLAND APPLICATION TO DEMOLISH BUILDING

PERMIT FEE: <u>\$ 15.00</u>	PERMIT NO:		
TYPE OF BUILDING: COMMERCIAL		DENTIAL	□ ACCESSORY
Type of residential building: Single family]Two family		llti-family (4 units or less)
Property Owner: Phone No			
Demolition Address:			
Legal Description: Lot (s) Block	Sut	odivision	
Type of Construction:			
Height: Size of Structure:	_ X	No. of	f Stories:
Contractor:		_ Phone No: _	
Contractor Address:	ll not burn de Ispected in acc information pi	molition debris wi ordance with City covided is accurate	ithout the written approval of of Ashland requirements; All and correct.
Applicant's Signature:			
The following information shall be provided prior to issuance	of the Demoi	ition rerinit:	
☐ Proof of ownership			
Copy of Asbestos Inspection Report or Notarized Statement that no asbestos exists in or on the site			
Copy of Nebraska Health and Human Services Department, NDEQ-NACP, demolition approval			
Copy of demolition debris disposal plan (no material shall be buried on demolition site property)			
DEMOLITION PERMIT ISSUED: Date:		By:	
The following items shall be completed and inspected prior to Demolition Approval:			
□ Water service inspected and abandoned at main		Inspection D	ate:
Sewer service inspected and abandoned at main		Inspection D	ate:
Electric service disconnected		Inspection D	ate:
Gas service disconnected		Inspection D	ate:
Septic tank pumped and filled or removed		Inspection D	ate:
BUILDING & SITE APPROVED FOR DEMOLITION:	Date:	By:	
FINAL INSPECTION OF DEMOLITION AND SITE C	LEANUP:		

Date: _____

Inspected by: _____