



city of center

INSPECTIONS DEPARTMENT

**City of Center
Demolition Permit**

Name of Owner of Structure _____
Address of Owner _____
Phone Number of Owner _____

Name of Person Ordering Demolition _____
Address _____
Phone Number _____

Name of Company/Person Performing Demolition _____
Address _____
Phone Number _____

Location (Street Address & Legal Description, if available) of Structure to be Demolished.

Reason for Demolition _____
Person to Contact, in case of Emergency _____
Phone Number _____

The City of Center requires five (5) days advance notice prior to the beginning of any demolition. The applicable offices will review the site, to insure the safe demolition, as well as the removal of debris caused during the demolition. The fee for this permit is Twenty-Five Dollars (\$25.00).

By signing below, I hereby certify that all applicable laws, Federal, State, and Local, shall be observed during the demolition of the stated structure.

Applicant's Signature

Approved: Building & Elec. Insp. _____ Plumbing Insp. _____ Fire Insp. _____



BUILDING PERMIT APPLICATION

CITY OF CENTER

ADDRESS / LOCATION: _____ (LOT)(APT)(STE) _____

GENERAL CONTRACTOR: _____

PROPERTY OWNER: _____

DESCRIPTION OF WORK: _____

IS THIS PROJECT: _____ NEW CONSTRUCTION _____ REMODEL/ADDITION

WILL YOU BE REQUIRING ANY OF THE FOLLOWING TYPES OF WORK THAT REQUIRE PERMITS?

ELECTRIC _____

PLUMBING _____

CORNER LOT?

_____ YES

_____ NO

CURRENTLY OCCUPIED?

_____ YES

_____ NO

FRONT SETBACK: _____

REAR SETBACK: _____

SIDE SETBACK (R.): _____

SIDE SETBACK (L): _____

SETBACKS ARE MEASURED FROM THE PROPERTY LINE NOT THE CURB

OF STORIES _____

OF ROOMS _____

LEGAL DESCRIPTION: LOT _____ BLOCK _____ SUBDIVISON _____ UNIT _____

OR TRACT _____ SECTION _____ SURVEY _____ ABSTRACT _____

FOUNDATION TYPE: _____ PIER/BEAM _____ SLAB _____ OTHER _____

ROOFING MATERIALS: _____ COMP _____ WOOD _____ TILE _____ BUILT UP _____ OTHER _____

ROOF DESIGN: _____ TRUSS _____ CONVENTIONAL _____

RETAINING WALL: _____ CONCRETE _____ KEYSTONE _____ OTHER _____ HEIGHT _____

SQ. FOOTAGE OF PROJECT: _____

VALUATION OF WORK: _____

SIGNATURE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

FOR OFFICE USE ONLY

APPLICATION FEE: _____

CHECK/CASH: _____

DATE: _____

ENTERED BY: _____