

CITY OF WEST BRANCH
APPLICATION FOR DEMOLITION PERMIT

Property Address: _____

Property Owner: _____

Description of Structure(s) To Be Demolished: _____

Contractor: _____

Sewer and Water Contractor: _____

Applicant _____ Phone _____

Company _____

Address _____

- Pedestrian protection shall be in place prior to the start of work
- IOWA ONE CALL (800-292-8989) must be notified prior to excavation of any kind.
- Trucks hauling debris from demolition site shall be covered to prevent loss of materials
- Water and Sanitary Sewer service shall be abandoned under the direction of the public works department and must be inspected by a representative of public works.
- Erosion control practices shall be implemented where applicable and the lot shall be restored to a maintainable surface upon completion
- Permit expires 60 days from date of issuance

Applicant Signature _____ Date _____



FOR OFFICE USE ONLY

Items required prior to issuance:

- | | |
|--|---|
| _____ Electric Utility Termination Letter | _____ Water Meter Returned To City Water Dept. |
| _____ Gas Utility Termination Letter | _____ Asbestos Abatement Report |

Approved / Denied _____ **Permit No.** _____ **Fee: \$100.00**

Zoning Administrator _____ **Date** _____