

City of Boone, Iowa

DEMOLITION PERMIT APPLICATION

Permit # _____

Date: _____

Job Address _____ Zoning District _____

Lot No. _____ Block, _____ Addition _____

Owner _____ Address _____

Contractor _____ Address _____

I acknowledge that I have contacted the Department of Natural Resources and comply with their regulations for Asbestos removal.

Description of Work: _____

Utility Abandonment Checklist ___ Sewer ___ Water ___ Electric ___ Gas

Valuation of work to be performed under this permit \$ _____

Verify compliance with asbestos removal regulations for the DNR.

Contact: Tom Weuhr, Environmental Specialists

Air Quality Bureau

Department of Natural Resources

502 E 9th St

Des Moines, Iowa 50319

515-725-9576

Tom.Wuehr@dnr.iowa.gov

<http://www.iowadnr.gov/asbestos>

NOTICE: The permit becomes null and void if demolition work authorized is not commenced within 60 days, or if the work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 30 days. Permits will expire One (1) year from date of issue.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of contractor, authorized agent or owner

Date

Phone # of contractor, authorized agent or owner

Permit: Approved or Denied

Building Official/Inspector

Date