



APPLICATION FOR WRECKING PERMIT

PERMIT MUST BE COMPLETED **BEFORE**
WRECKING OR MOVING PERMIT WILL BE ISSUED

Address of Building to be demolished: _____

Owner of building: _____

Address of owner: _____

Phone: _____

Use of building: _____

Number of dwelling units in building: _____

Wrecking Contractor: _____

Address of Contractor: _____

Place of disposal: _____

SEWER CONNECTION TERMINATED		
Date:	Approved By:	Plumbing Inspector
WATER SERVICE & METER TERMINATED		
Date:	Approved By:	Mechanical Inspector
GAS SERVICE TERMINATED		
Date:	Approved By:	Electric Inspector
ELECTRICAL SERVICE TERMINATED		
Date:	Approved By:	Building Inspector