



102 E. Market St.
PO Box 8
Diamond, MO 64840
417-325-4220
417-325-4230 fax

Demolition Permit Application

Project Address: _____ Subdivision: _____ Lot #: _____

Owner: _____

Mailing Address: _____

Phone: _____ Cell #: _____ E-mail: _____

Building Information

Type of Building being demolished:

Residential: Single Family Dwelling Duplex

New Building Addition

Description of work:

Total Cost \$ _____

Total Footage \$ _____

*Was this home built prior 1978? ___ If yes, is the Contractor EPA Certified
In Lead Safe Renovation, Repair, and Painting? ___ Certification # _____*

Please submit (1) complete sets of plans with this application.

For set back and zoning information refer to Diamond City Code chapter 405.

Water connection will be disconnected and inspected by City Water Superintendent, it is the job of the owner to make sure all other utilities are disconnected.

Contractor Information:

General Contractor: _____ Phone # _____

Address: _____

Fax number: _____ Email: _____

Contact Information:

Other Contact: _____ Telephone: _____

E-mail address: _____ Fax: _____

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge. I agree to construct said improvement in compliance with all provisions of the applicable ordinances. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plans submitted with this application. I have been given authorization from the property owner to obtain this permit. I realize that the information that I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any applicable ordinance or to excuse the owner or his or her successors in title from complying therewith. The permit shall be valid for six (6) months and shall be null and invalid if the authorized work is not commenced within six (6) months after issuance of a permit, or if the authorized work is suspended or abandoned for a period of six (6) months after the time of issuing the permit. I certify I have read and fully understand these conditions.

X

X

Signature of Applicant/Agent

Application Date

I understand that by applying for this permit, I am consenting to the inspection of this property and to the entry onto the property by inspectors of the authority having jurisdiction for the purpose of performing the necessary inspections during normal business hours for the duration of the permit.

TOTAL FEES COLLECTED

BUILDING PERMIT \$ 30.00 _____ Yes / No Check _____
Section 500.095

SEWER CONNECTION \$125.00 Minimum _____ Yes / No Credit Card _____
Section 710.040

WATER METER INSTALLATION \$ 650.00 Minimum _____ Yes / No Cash _____
Section 700.080

EXCAVATION PERMIT \$ 30.00 _____ Yes / No
Section 510.090

DEMOLITION PERMIT \$ 30.00 _____ Yes/No