

City of West Okoboji **DEMOLITION PERMIT APPLICATION**

PERMIT MUST BE FILLED OUT IN ITS ENTIRETY OR IT WILL BE RETURNED

OWNER OR APPLICANT INFORMATION		CITY USE ONLY	
Owner Name:	Cell Phone:	Date Permit Issued:	Permit No.
Address/City/State/Zip:			
Email:		Lot Size (sq.ft.):	Zoning District:
Dwner Demolition Contractor Other		Legal Description (lot, block, subdivision):	
NOTE: THE LOCATION OF PROPERTY LINES & EASEMENTS IS THE SOLE RESPONSIBILITY OF THE OWNER. THE CITY OF WEST OKOBOJI DOES NOT AND WILL NOT LOCATE PROPERTY LINES OR EASEMENTS. THE CITY ACTS ON INFORMATION PROVIDED ON THIS FORM. FALSIFICATION OF INFORMATION ON THIS FORM CAN RESULT IN PERMIT NON-ISSUANCE, REVOCATION, AND/OR LEGAL ACTION.		Permit Fees: \$	Date Paid:
ADDRESS OF DEMOLITION:			
DEMOLITION CONTRACTOR'S BU	JSINESS NAME:		
DEMOLITION CONTRACTOR NAM	ΛΕ:		
DEMOLITION CONTRACTOR CELI	PHONE: EMAIL:		
If Demolition Contractor is a li	censed contractor in Iowa, please list the lice	ense #:	
DEMOLITION PROJECT DESCRIPT	ION:		
Please descr	ibe in detail the demolition process involved and mea	ns of debris removal	
	MAIN'S BE DISCONNECTED AND CAPPED ON THe emains vacant for one (1) year, then the water and se	·	
WHEN WILL THE WATER & SEWI	ER SERVICE BE DISCONNECTED, IF APPLICABLE?		
WHO WILL COMPLETE THE WAT	ER & SEWER DISCONNECT?		
WILL THE PROEPRTY BE FINISHE	D GRADED WITH TOPSOIL UPON DEMO COMPL	ETION? YES	NO
	CHECKLIST		
	emolition permit application filled out completely and fence or soil erosion plan included? Erosion Control I	-	nolition projects.
	u contacted Iowa One Call (811) prior to any digging		
	ACKNOWLEDGEMENT & SIGNATURE		
West Okoboji and its employees from an	and agrees to the conditions of this permit. I hereby will defend y and all liability from any claim or cause of action which any p gned applicant to comply with the terms and provisions thereo	erson may claim to have	
Signed:Property Owner		Date: _	
Signed: Contractor, Applicant, or other Authorized Representative (if Owner is not completing the work)		Date:	
Contractor, Applicant, or other Au	CITY USE ONLY		
	CITI OSL ONLI		
Reviewed by: West Okoboji Zoning Admini	strator or Authorized Representative	Date:	
Demolition Activity: Approved Demolition Demolition Activity: Approved Demolition Demolitication Demolition Demolitication Demolition Demolitio	enied Review comments:		