

City of Kimberly, Idaho P.O. Box Z Kimberly, ID 83341 www.CityofKimberly.org

## **Demolition Permit**

Property Owner of Record		Date Received:	
Property Owner:	Phone Number		
Address: (#, street name, town, zip code)			
Subdivision:	Block: Lot:	Parcel#:	
Is the Property Owner doing the work? $\ \square$ Yes $\ \square$	No If Yes, is the owner	r Idaho Registration Exempt?	☐ Yes ☐ No
Contractor Information			
Name:	Company:		
Cell or Phone:	E-Ma	E-Mail:	
Address:	City:	State:	Zip:
Complete and Answer all Questions below	<b>N:</b>		
What is the structure being removed?			
2. Asbestos certificate for any structures olde			
3. Is the building being demolished?  Yes  ***(all concrete is to be removed unless structurally so  ***(soil may need a compaction test if new structure is	ound to be re-used)***	sement?  Yes  No	
4. What are the future plans for the site?	55 55		
5. How will the site be protected for safety? _			
6. Have the following been disconnected or al	oandoned? How?		
Gas/ Propane:			
Electrical:			
Sewer:			
City Water/ Well:		wincerous and a superior of the superior of th	
7. Is structure designated a historical site?	l Yes □ No		
I Owner/ Applicant hereby certify that I have information provided and items checked are the best of my knowledge.			
Signatura		Date	