

DEMOLITION PERMIT Application

CITY OF GERALD

City Hall
 106 E. Fitzgerald Ave.
 P.O. Box 59
 Gerald, MO 63037
 573-764-3340



Date of Application: _____	Rec. By: _____
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	<input type="checkbox"/> Date Paid _____
PERMIT #: _____	PERMIT TOTAL: \$ _____

Please Fill Out & Include All Required Information

GENERAL INFORMATION	
DATE: _____	APPLICANT NAME: _____
Location: <i>(Cannot be P.O. Box)</i>	
Street: _____ City: _____ State: _____ Zip: _____	
REASON FOR DEMOLITION: Fire Structural Storm Damage Lot Improvement City Imposed Condemnation	
Other (please specify): _____	
STRUCTURE TYPE: Residential Commercial Mobile Home	Sq. Footage _____
Commercial Structure EPA & DNR regulations, specifications, procedures, and requirements: _____	
CONTACT Phone: _____	Email Address: _____
CONTRACTOR:	
Business Phone: _____	Email Address: _____

SIGNATURE
APPLICANT understands and agrees to the guidelines provided by this application and the Building Inspector as City, County, and State guidelines. APPLICANT agrees to comply with the requirements.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 30%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 30%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature of Applicant Print Name Date </div>

FEE FORMULA	\$10 x 100sq ft. = FEE
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*****BELOW INFORMATION IS OFFICE USE ONLY*****

WATER:	BY: _____	DATE: _____	INSP. BY: _____	DATE: _____
ELECTRIC:	BY: _____	DATE: _____	INSP. BY: _____	DATE: _____
SEWER:	BY: _____	DATE: _____	INSP. BY: _____	DATE: _____
GAS:	BY: _____	DATE: _____	INSP. BY: _____	DATE: _____
DEBRIS REMOVAL: (INCLUDING DUMPSTERS)	BY: _____	DATE: _____	INSP. BY: _____	DATE: _____
GRADING:	BY: _____	DATE: _____	INSP. BY: _____	DATE: _____
SEEDING:	BY: _____	DATE: _____	INSP. BY: _____	DATE: _____
OTHER:	BY: _____	DATE: _____	INSP. BY: _____	DATE: _____
PERMIT ISSUED BY: _____			DATE: _____	FEE: _____
FINAL DEMOLITION INSPECTION APPROVED BY: _____				DATE: _____