

APPLICATION FOR DEMOLITION PERMIT

City of Lincoln 3-Mile District



BUILDING & SAFETY DEPARTMENT
555 S. 10th St., Suite 203, Lincoln, NE 68508
P: 402-441-7521

Permit No. _____ **FEE \$** _____

Street Address _____

Owner _____

Lot _____ Block _____ Addition _____

Other Legal _____

Building Size _____ Basement Size _____ Height of Building _____

Number of Stories _____ Type of Construction _____

Disposal of Building Materials

City Landfill Alternate Location (address) _____
Special Permit No. _____

Commercial

- More than one building on premises
(attach site plan)
- Multiple: Number of Units _____

Residential

- Single Family Residence
- Duplex

Garage, Shed

Demo Contractor *Please Print*

NAME _____ Day Phone _____ Cell _____

Address _____

All work will be done in accordance with Chapter 20 of the Lincoln Municipal Code. I am the owner of record of the above property, or have entered a contract with the owner of record, to demolish the above building/s. I assume complete responsibility for any liability arising from the demolition of the above building/s and I understand that I, as the owner or his agent, must insure the following is completed.

- Sewer and water lines must be abandoned at the main and inspected before a demolition permit will be issued;
- Electric and gas companies must be contacted and services must be disconnected before commencing any demolition work;
- State and/or federal agencies must be contacted regarding any asbestos removal.

I hereby certify that I have read and examined this application and know the same to be true and correct.

Applicant Information *Please Print or Type*

Name _____

Day Phone _____

Cell _____

Applicant Address _____

Applicant Signature _____

Date _____

Building and Safety Approval

By _____

Date _____

OFFICIAL USE ONLY

	Date	Initial
Sewer Abandonment	_____	_____
Water Abandonment	_____	_____
Historic Preservation	_____	_____
Ownership Verified	_____	_____
Insurance	_____	_____
Fence	_____	_____
Excavation Inspection	_____	_____
Final Inspection	_____	_____
Asbestos	_____	_____
Street Use Permit # _____		