

Demolition Application

Applicant

Name: _____ Phone Number: _____

Address: _____

Property Owner

Owner Name: _____ Phone Number: _____

Business Name: _____

Property Address: _____

Date and time the demolition will take place: _____

Name of Contractor doing the demolition: _____

Contractors Address: _____

Description of structure being wrecked: _____

Method of demolition used: _____

Address of waste disposal site: _____

Type of waste materials: _____

Signature of Applicant

Date

Approved by Director of Public Works

Signature

Date

Permit expires 6 months from issuance. A release from all utilities serving the property as well as a storm water run-off plan will be required.

**The application fee is \$25 please make checks payable to City of Greenwood.
Thank you!**