



**DEMOLITION PERMIT APPLICATION**

**Date:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Demolition Cost:** \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_

Permit Number BD- \_\_\_\_\_ - \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Date Issued: \_\_\_\_\_

\_\_\_\_\_  
Code Enforcement Officer

**PLEASE PRINT OR TYPE ALL INFORMATION AND COMPLETE ALL ITEMS**

**The Applicant is:**     Owner     Contractor     Other \_\_\_\_\_

**Property Owner:**    Name: \_\_\_\_\_  
                                  Address: \_\_\_\_\_  
                                  State: \_\_\_\_\_    Zip: \_\_\_\_\_    Telephone No: \_\_\_\_\_

**Contractor Name:**    Name: \_\_\_\_\_  
                                  Address: \_\_\_\_\_  
                                  State: \_\_\_\_\_    Zip: \_\_\_\_\_    Telephone No: \_\_\_\_\_

**Legal Description of property:**

\_\_\_\_\_

**Description of Structure to be Demolished:**  
(Attach plot if appropriate)

Type of building \_\_\_\_\_    Dimensions \_\_\_\_\_  
Height setbacks \_\_\_\_\_    Other \_\_\_\_\_

**Disposition of Materials:**

\_\_\_\_\_

**Use of Land Following Demolition:**

**Public Liability Insurance Provided** – Fee \_\_\_\_\_ (\$1.00 per hundred square feet or fraction thereof for each floor: minimum \$7.00; no fee if demolition is by the property owner on his own property or by order of the City or a Court)

Public Liability Insurance is not required if property is a one-story building at least ten feet from any other building or street, or if a two-story building at least twenty-five feet from any other building or street (Reference City Code of Lincoln 8-9-1 thru 8-9-10)

**UTILITY DISCONNECTION CERTIFICATION  
Must be completed BEFORE permit is issued**

As Applicable

**WATER** - Date disconnected: \_\_\_\_\_  
Certified by: \_\_\_\_\_  
Company: \_\_\_\_\_

**NATURAL GAS** – Date disconnected: \_\_\_\_\_  
Certified by: \_\_\_\_\_  
Company: \_\_\_\_\_

**SEWER** – Date plugged: \_\_\_\_\_  
Certified by: \_\_\_\_\_  
Company: \_\_\_\_\_

**ELECTRIC** – Date disconnected: \_\_\_\_\_  
Certified by: \_\_\_\_\_  
Company: \_\_\_\_\_

Contact your cable/satellite service and your telephone service for disconnection

**FINAL APPROVAL UPON COMPLETION OF DEMOLITION**

**Date:** \_\_\_\_\_

**Code Enforcement Officer Signature** \_\_\_\_\_

**NOTICE: THIS PERMIT EXPIRES 90 DAYS FROM DATE ISSUED**