



Building Department
 400 E Military
 Fremont, NE 68025
 402-727-2638

DEMOLITION PERMIT

ALL TRASH, DEBRIS, AND SOLID WASTE GENERATED IN THE CITY OF FREMONT MUST BE DELIVERED TO THE TRANSFER STATION SITED BY FREMONT.

Date _____ Permit Number _____

Full Demolition Interior Demolition Accessory Structure

Cost of Permit: \$ _____

Address of Demolition: _____

Property Owner: _____

Contractor: _____ Phone Number: _____

Description of building/structure to be demolished: _____

Previous Use(s): _____

Demo Start Date: _____ Demo Finish Date: _____

Method of Demolition: _____

Debris Disposal Location: _____

Valuation of Demolition: \$ _____

I hereby state that the information submitted on this application is accurate and correct. I have verified that there are no environmental hazards to be encountered upon demolition of said premises. I recognize that the issuance of this building permit shall not grant approval to violate any of the provisions of the building codes or zoning ordinances enforced by this jurisdiction, state or federal law, and that this permit shall not prevent the building official from requiring construction to be in compliance with all applicable code provisions during field inspections. This building permit is issued for the express purpose of work state on this application. Any changes to the construction plans that effect area or scope of work shall be approved by the building official's prior to construction and may require another permit application. The city is not responsible to determine actual locations of property lines and the property owner or person doing the work is responsible to find locations of property lines.

Applicant Name: _____ Signature: _____

Demolition Contractors Name: _____ Date: _____

Utilities Disconnected:

	Date	Initial
Electrical (402-727-2613)	_____	_____
Gas (402-727-2613)	_____	_____
Water (402-727-2613)	_____	_____
Sewer (402-727-2613)	_____	_____

OFFICIAL USE ONLY

Building Official: _____

Date: _____

Notes: