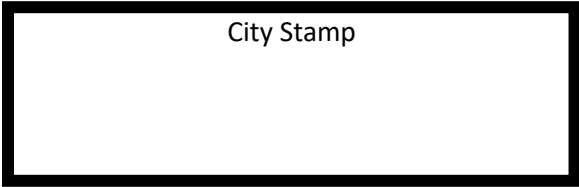




City of Sergeant Bluff  
 401 4<sup>th</sup> St, PO Box 703  
 Sergeant Bluff, IA 51054  
 712-943-4244  
 Fax 712-943-2106



**DEMOLITION PERMIT**

THIS PERMIT WILL BE ISSUED CONTINGENT UPON THE APPROVAL OF SPECIFICATIONS AS REQUIRED WITH ALL PERTINENT SECTIONS OF THE SERGEANT BLUFF MUNICIPAL OR ZONING CODES PERTAINING TO THE PROJECT REQUESTED ON THIS APPLICATION FORM. A COMPLETE APPLICATION FORM IS REQUIRED FOR APPROVAL AND CONSISTS OF 1) THE APPLICATION FORM FILLED OUT COMPLETELY; 2) FULL PAYMENT OF ASSOCIATED FEES PRIOR TO RECEIVING PERMIT; 3) ADEQUATE DRAWING (SITE PLAN) TO INCLUDE SCALE USED FOR PROJECT. ALL APPLICABLE INSPECTIONS WILL FOLLOW ON THE PERMIT FORM. TO CLOSE OUT THE BUILDING PERMIT A FINAL INSPECTION SHALL BE CONDUCTED.

**DEMOLITION SITE**

Site Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_  
 Legal Description: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Owner of Record: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Describe Structure(s): (ex. old bank building) \_\_\_\_\_

**CONTRACTOR/INDIVIDUAL PERFORMING DEMOLITION**

Contractor Name: \_\_\_\_\_ Iowa Contractor Registration No.: \_\_\_\_\_  
 Contractor Business Address: \_\_\_\_\_  
 Contractor Phone#: \_\_\_\_\_ Contractor Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTES:** You are responsible for all utility disconnects per city direction. You shall contact the Public Works Manager or Supervisor for information on water and sewer disconnects. You must provide a copy of the permit to MidAmerican for power and gas disconnects. Call phone and cable companies for disconnects. you must call Iowa One Call at 811 at least 48 hours prior to digging of any type.

All basements are expected to be removed completely. NO MATERIALS WILL BE BURIED, NO EXCEPTIONS. all fill shall be compacted, and site graded and seeded upon completion or when weather allows or contract dictates.

**LIABILITY**

Name of Insurance Agent: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Amount of liability carried: \_\_\_\_\_ Provide current certificate. (\$250,000 minimum required for city buildings/\$100,000/\$250,000 private)

**ASBESTOS INFORMATION**

Name of company that conducted survey: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name of Person who completed survey: CAS/SST#: \_\_\_\_\_ Is/Was asbestos present?  Yes  No  
 If Yes, who will remove/has removed prior to demo: \_\_\_\_\_

**GENERAL INFORMATION**

This application form shall be used to notify the City of Sergeant and Woodbury County of a demolition operation only. Notification is required for every demolition. All boxes must be completed. Appropriate fees will be collected upon approval by the City and delivery of the permit. The job permit will only be issued once a valid check, cashier's check or money order for applicable fees has been received. Notifications shall be provided to the City at least 10 working days prior to commencement of demolition, or as early as possible prior to commencement of emergency demolition. The notification period will not start until a completed application is submitted. The State of Iowa also requires a 10-day notification period.

Review your permit for accuracy, if the job is postponed or cancelled, the city must be notified of a revision. When cancelled, a cancellation fee will apply. For specifically defined "Emergency" conditions, the 10 working days period will be waived. Notification must be made by fax (712-943-2106), and the job number will be issued if accompanied with a faxed copy of a valid check, cashier's check or money order. Contact the Inspection Services Department if you feel that "emergency" conditions apply.

I certify that the above information is correct and that I will comply with all the requirements and City of Sergeant Bluff regulations, as well as all other applicable cable, federal, state and local requirements.

Signature of contractor or person performing the demolition: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Building Permit Application:</b>    Approved _____    Denied _____</p> <p><b>Signature of Inspection Services Department</b> _____    <b>Date:</b> _____</p> <p><b>Permit No.</b> _____    <b>Issuance Date:</b> _____    <b>Fee Amount \$</b> _____</p>
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