

Job No. _____

CITY OF LINDSAY

JOB ADDRESS

NUMBER

STREET

DATE

APPLICATION FOR REMOVAL OR DEMOLITION PERMIT

OWNER _____ TELEPHONE NO. _____

MAILING ADDRESS _____

CONTRACTOR _____ CITY LIC. NO. _____

MAILING ADDRESS _____ TELEPHONE NO. _____

DESCRIPTION OF BUILDING
TO BE REMOVED OR DEMOLISHED _____

SIDEWALK
PROTECTION REQUIRED _____

WARNING: SEWER MUST BE CLOSED AT PROPERTY LINE AND INSPECTED BEFORE DEMOLITION WORK IS STARTED. ALL UTILITY SERVICE MUST BE DISCONTINUED AND REMOVED BY SERVING COMPANY BEFORE WORK IS STARTED.

PLUMBING FEE	FEE
SEWER CLOSING	
VALUATION FEE	
DEMOLITION	
TOTAL FEE	\$ _____

ISSUED BY _____

CK. CASH M.O. NOTE: WHEN PROPERLY VALIDATED IN THIS SPACE, THIS FORM CONSTITUTES A PERMIT TO DO THE WORK

SPECIAL CONDITIONS _____

X
SIGNATURE OF CONTRACTOR, OWNER OR AUTHORIZED AGENT