



# CITY OF ST. MARYS WRECKING/DEMOLITION PERMIT APPLICATION

PERMIT NUMBER \_\_\_\_\_ DATE APPLIED \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_ LOT # \_\_\_\_\_

TAX PARCEL NUMBER \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTORS NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF BUSSINESS \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTORS LICENSE NUMBER \_\_\_\_\_ EXPIRATION \_\_\_\_\_

COUNTY/CITY OF OCCUPATIONAL TAX LICENSE & NUMBER \_\_\_\_\_

EXPIRATION DATE ON COUNTY/CITY LICENSE \_\_\_\_\_

DESCRIBE REASON FOR PERMIT:

\_\_\_\_\_  
\_\_\_\_\_

ACTUAL COST: \_\_\_\_\_ COPY OF CONTRACT ATTACHED? \_\_\_\_\_

(GENERAL CONSTRUCTION WORK INCLUDING TRADES)

SPECIAL CONDITIONS:

\_\_\_\_\_  
\_\_\_\_\_

SQUARE FOOTAGE: \_\_\_\_\_ OCCUPANCY TYPE \_\_\_\_\_

CONSTRUCTION TYPE: \_\_\_\_\_

**\*\*\*\*\*NOTICE\*\*\*\*\***

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN SIX MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED, OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED. WORK MUST BE COMPLETED WITHIN 24 MONTHS FROM DATE OF PERMIT ISSUANCE.

**\*\*PERMIT FEES ARE NON REFUNDABLE\*\***

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF OTHER STATE OR LOCAL LAW

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

\_\_\_\_\_  
DATE