

City of Heyburn

Date of Application: _____

Building Department

Phone Number: 208-679-8158

Fee: \$

P.O. Box 147

Fax: 208-679-2438

Heyburn, ID 83336

Demolition Permit Application

Work Site Address:		City:	County:
Subdivision:	Block:	Lot:	
Parcel #:	Zoning:	Total Sq Ft:	
Valuation: \$	# Of Structures:		

WORK DETAILS

Describe Work:
Describe Plan for Noise, Odor, Dust & Traffic Control:
Type of Waste Material to be transported off site:

Utilities Companies Notified: <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Water Services <input type="checkbox"/> Communication Services	Dump Site:
Application Contact Person:	Date:
Phone:	Email:

PROPERTY OWNERS

Name(s):	Email:		
Address:	City:	State:	Zip:
Phone:	Cell:		

CONTRACTOR

Company:	Contact Name:		
Address:	City:	State:	Zip:
Phone:	Cell:		
ID Lic./Registration #:	Email:		

NOTICE TO JURISDICTION (OBTAIN SIGNATURES)

Fire District:	District:	Date:
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INSURANCE NOTIFICATION

Insurance Company:	(Please Attach Liability Waiver)
Signature:	Date:

I understand that I must CALL 811 48 hours in advance for utility locates BEFORE I DIG!
 I Understand that all utilities must be disconnected properly and utility companies notified before demolition.
 I understand that this permit becomes void if authorized work is not commenced within, or is suspended for 180 days
 I understand that this permit does not give authority to violate the provisions of any state or local law, or governing ordinance.
 I hereby certify that the information provided in the application to be true and accurate.

Applicant/Authorized Agent Signature: _____ Date: _____

Received By: _____ Date: _____