

**CITY OF CUBA CITY
DEMOLITION/RAZING PERMIT APPLICATION**

Owner's Name: _____ Date: _____

Owner's Address: _____ Parcel No: _____

City: _____ State: _____ Zip: _____

Contractor's Name: _____ Telephone No: _____

Contractor's Address: _____

City: _____ State: _____ Zip: _____

Date to which demolition is to commence: _____ Complete: _____

List of all hazardous waste and toxic substances: _____

Description of how and where the waste materials will be transported and disposed of: _____

Description of the method of demolition to be used: _____

The applicant will present a release from all utilities serving the property, stating that their respective service connections and appurtenant equipment such as meters and regulators have been removed or sealed and plugged in a safe manner.

WHEREFORE, the undersigned property owner(s) hereby state that the forgoing information and all attachments to this Petition are true and correct to the best of our knowledge.

Dated this _____ day of _____, 20_____.

Property owner

FOR OFFICE USE ONLY

Fee \$ _____

Date Paid _____

Permit # _____

Initials _____