



# City of Ottawa

## Community Development Department

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### Demolition Permit Application

**Inspections:** Please call for inspection 24 Hours in advance.

Project Address: \_\_\_\_\_ Date: \_\_\_\_\_

#### Owners Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip Code

Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### Contractors Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip Code

Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Demolition of:**  House  Garage  Shed  Commercial  Industrial  
 Interior  Other: \_\_\_\_\_

Does Structure have asbestos:  Yes  No  Don't know Plan to Rebuild:  Yes  No  Don't know

The contractor certifies that the proposed work is authorized by the owner and the contractor is authorized by the owner to make this application as his agent.

Signature of Owner or Contractor: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

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#### For Office Use Only

Does Structure have asbestos: If yes, has information for disposal been given: Yes or No  
Historical District approval needed: Yes or No. If yes, Historical Approval Received: \_\_\_\_\_

Gas Disconnected Date: \_\_\_\_\_ Electric Disconnected Date: \_\_\_\_\_

Water Disconnected Date: \_\_\_\_\_ Sewer Disconnected Date: \_\_\_\_\_

Permit Cost: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Date