



Demolition Permit Application

Jefferson County Code Enforcement

PO BOX 100 / 725 Maple Street

Hillsboro, MO 63050

Phone: 636-797-5310

Fax: 636-797-5077

Permit: _____ Int.

Date: _____

PROJECT INFORMATION & LOCATION:

Project Type: Residential Multi-family Commercial

Project Address _____ City _____ Zip code _____

Parcel # _____ - _____ - _____ - _____ Subd. _____ Lot _____

OWNER INFORMATION:

Owner _____ Name _____ Phone # _____

Owner Address _____ Street Address _____ City _____ State _____ Zip Code _____

Tenant or Business Name _____ Existing New

DESCRIPTION OF BUILDING:

Length _____ Width _____ Total Sq. Feet _____ Stories _____

Exterior Walls: Frame () Brick Veneer () Brick () Stone Veneer () Concrete Block () Other ()

DATE OF SERVICE RELEASE:

Electricity _____ Gas _____ Phone _____ Water/Well _____

Additional Information _____

DIRECTIONS TO SITE:

NOTICE: The disposal of demolition waste is regulated by the Department of Natural Resources under Chapter 260,RSMo. Such waste, in types and quantities established by the department, shall be taken to a demolition landfill or a sanitary landfill for disposal. I understand if the information I have given above is not true, my permit may be revoked by the Jefferson County Code Enforcement, and I agree to abide by, and comply with, the conditions of all Building regulations and the Code Ordinances.

Demolition Permits are only valid 6 months from issuance, expiration date _____.

***CALL FOR FINAL INSPECTION WHEN DEMOLITION IS COMPLETE & ALL DEBRIS IS REMOVED FROM SITE.**

CONTRACTOR/APPLICANT INFORMATION/CERTIFICATION:

Contractor/Applicant _____ Business Name Applicant Name Certification # _____ Phone # _____

Contractor/Applicant Address _____ Street Address _____ City _____ State _____ Zip Code _____

Signature _____ Owner Contractor Applicant