



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 **Cost of Demolition \$** _____

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:

Residence Mobile Home Barn Shed Other _____

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 _____

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. FAILURE TO COMPLY WILL RESULT IN POSSIBLE LEGAL ACTION!**

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