Inspection Department PO Box 273 Solomon KS 67480 (785) 655-3311



## PERMIT NO.\_\_\_\_

Permit Fee: **\$20.00** 

## APPLICATION FOR STRUCTURE REMOVAL PERMIT

Method of Removal De	emolition	Relocation	
1. Project Site Address:			
2. Owner of Record of Property:	ailing Address	Phone	
3. Contractor:	ailing Address	Phone	
4. Name of Mover:	ailing Address	Phone	
5. Start Date: Completion Date:			
6. Description of Building being Removed:			
Checklist	Inspections – Buildi	ng Official	Date
7. Electrical Disconnected/Secured			
8. Gas Piping			
9. Water Service (private or public)			
10. Sewer or Septic			
11. Backfill			
12. Clean-Up / Finish Grading			
I hereby certify that I have read this application and state that the above information is correct, and that I as owner or contractor, do agree to comply with all City of Solomon adopted building codes related to the above project.			
Signature	Date		
□ Contractor □ Owner □ Agent for Owner □ Agent for Contractor			
Approved for Issuance by Date			