

CITY OF LEXINGTON
BUILDING DEPARTMENT

CITY OF LEXINGTON PO Box 70, Lexington, NE 68850 Phone: 308-324-2341 Ext. Fax: 308-324-4590

APPLICATION FOR DEMOLITION 2005

OWNER

| | | | | | | |
|--------|------|------------------|---------|--------|---------|--|
| Name: | | Mailing Address: | | | Unit #: | |
| City: | | | | State: | Zip: | |
| Phone: | Fax: | Cell: | E-Mail: | | | |

CONTRACTOR

| | | | | | | |
|--------|----------------|-------------------|--|--------|---------|--|
| Name: | | Mailing Address: | | | Unit #: | |
| City: | | | | State: | Zip: | |
| Phone: | Jobsite Phone: | City License No.: | | | | |

JOB SITE INFORMATION

| | | | | | |
|--------------|--|--|-------------------------------------|--------------------------------------|--------|
| Job Address: | | | Unit #: | Lot#: | Block: |
| Subdivision: | | | Flood Zone: | | |
| Zoning: | | | <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential | |

Description & Location of work on premises/special conditions:

BUILDING INFORMATION

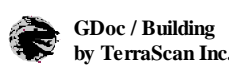
| Prior to Demolition | Building Details | Items Required for Submittal |
|---|--|--|
| <input type="checkbox"/> Contact MLW <input type="checkbox"/> Contact Gas Compan <input type="checkbox"/> Contact Phone/T.V. <input type="checkbox"/> Fencing Site Required <input type="checkbox"/> Provide Bond if on ROW <input type="checkbox"/> Contact State - DEQ <input type="checkbox"/> Contact SState - Asbestos Control Program | <p>The following items will be completed to finalize this permit:</p> <ul style="list-style-type: none"> ▪ All foundation removed to grad ▪ Fill all holes ▪ Remove fencing ▪ Call Inspector for approval | <ul style="list-style-type: none"> ▪ Legal Description ▪ Physical Address <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <p><u>DIGGERS HOTLINE:</u> 1-800-331-5666</p> </div> |

I hereby certify I have read and examined this application and coresponding documents.
 All provisions of laws and ordinances governing this work will be complied with, whether specified or not.

Authorized Signature: _____ Date: _____

OFFICE USE ONLY

| | | | | |
|-------------|------------|------------|----------|-------------------------------|
| Date Rec'd: | Issued By: | Est. Cost: | Fee Due: | <input type="checkbox"/> Paid |
|-------------|------------|------------|----------|-------------------------------|



NOTICE: This permit expires within 180 days after issuance if no construction activity has taken place.