

5/05

**DEMOLITION
PERMIT APPLICATION**

231 North 7th Street - P.O. Box 70
Silt, CO 81652

Phone (970) 876-2353 Fax (970) 876-2937

PERMIT NO. _____

ZONE DISTRICT _____

OCCUPANCY _____

Job address: _____

Legal Description: _____

Lot No. _____ Block _____ Filing _____ Subdivision _____

Owner: _____ Phone No. _____

Mailing address: _____

Contractor: _____ License: _____ Phone No. _____

Demolition of what type building: _____

Sq ft of Lot (s): _____ Lot Coverage (Include Overhangs) _____

Total Sq ft or Linear ft of project _____ Number of Stories _____

Number of Dwelling Units _____

PLEASE NOTE THAT ANY BUILDING THAT HAS ASBESTOS MUST BE PERMITTED BY THE
STATE OF COLORADO AS WELL AS THE TOWN

Notice – READ BEFORE SIGNING

This permit requires an inspection and becomes null and void after 30 days from date of issuance. If more time is needed to complete the project you must file for an extension at least 5 days prior to expiration of this permit. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

**** REMEMBER ****

You MUST call for utility locates at 1-800-922-1987 at least 3 business days prior to digging for your project to prevent possible fines.

Signature of Contractor / Date

Signature of Owner / Date

Permit Fee: _____

Date Paid: _____

Receipt #: _____

Bldg Dept Approval: _____

Planning Dept Approval: _____

Flood Plain: Yes () No ()
(If so, see attached comments)

Approved By: _____