

# DEMOLITION PERMIT APPLICATION

FEE: \$30.00

**JOB ADDRESS:** \_\_\_\_\_ **PERMIT NO.** \_\_\_\_\_

**LEGAL DESCRIPTION:** LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SBDVN \_\_\_\_\_

**OWNER:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**CONTRACTOR:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**TYPE OF STRUCTURE:** \_\_\_\_\_

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## NOTICE

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 DEMOLITION OR THE PERFORMANCE OF DEMOLITION. I ACKNOWLEDGE THAT I HAVE RECEIVED AND REVIEWED THE ATTACHED STATE OF COLORADO ASBESTOS REGULATIONS AND WILL OBTAIN THE PROPER PERMITS AND ABIDE BY THOSE RULES SET FORTH THEREIN.

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SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

DATE

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SIGNATURE OF OWNER (IF OWNER BUILDER)

DATE

CITY OF STERLING PUBLIC WORKS DEPARTMENT  
421 N. 4<sup>th</sup> Street P.O. Box 4000  
970-522-9700

CODE ENFORCEMENT DIVISION  
Sterling, CO 80751  
FAX 970-521-0632