

**CITY OF SCHUYLER
APPLICATION FOR DEMOLITION PERMIT**

Date: _____

Applicant: _____ Phone Number: _____

Owner of Property: _____

Address: _____ Project Location: _____

Type of Construction Being Demolished:

House _____ Garage _____ Shed _____ Other _____

Framed _____ Brick _____ Concrete _____ Other _____

Zoning District: _____

Contractor: _____ Phone Number: _____

Contractor's Address: _____

Estimated Completion Date: _____

Was the structure inspected for asbestos containing materials? (circle one) YES NO

Is asbestos present? (circle one) YES NO Quantity of asbestos: _____

Inspection Agency (Attach copy of Asbestos Inspection Report): _____

Asbestos removal date (if applicable): _____

Disposal Information: _____

PROCESSING FEE \$25.00 Transaction Number: _____

Permit Approved? (circle one) YES NO

Approved by: _____ Date: _____

Building Inspector

Permit Issued by: _____ Permit No. : _____ Date: _____