



CITY OF ST. MARYS

WRECKING/DEMOLITION PERMIT APPLICATION

PERMIT NUMBER _____ DATE APPLIED _____

PROJECT ADDRESS _____ LOT # _____

TAX PARCEL NUMBER _____ SUBDIVISION _____

OWNERS NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTRACTORS NAME _____ EMAIL _____

NAME OF BUSSINESS _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTRACTORS LICENSE NUMBER _____ EXPIRATION _____

COUNTY/CITY OF OCCUPATIONAL TAX LICENSE & NUMBER _____

EXPIRATION DATE ON COUNTY/CITY LICENSE _____

DESCRIBE REASON FOR PERMIT:

ACTUAL COST: _____ COPY OF CONTRACT ATTACHED? _____

(GENERAL CONSTRUCTION WORK INCLUDING TRADES)

SPECIAL CONDITIONS:

SQUARE FOOTAGE: _____ OCCUPANCY TYPE _____

CONSTRUCTION TYPE: _____

*******NOTICE*******

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN SIX MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED, OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED. WORK MUST BE COMPLETED WITHIN 24 MONTHS FROM DATE OF PERMIT ISSUANCE.

****PERMIT FEES ARE NON REFUNDABLE****

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT 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. GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF OTHER STATE OR LOCAL LAW

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

DATE