

City of Marcus
 222 North Main Street PO Box 542
 Marcus, IA 51035
 (712) 376-4715 Fax: (712) 376-2055
 Email: marcus@midlands.net

APPLICATION FOR DEMOLITION PERMIT

Permit Valid for Thirty (30) Days Only

Date:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
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Property Owner:

Name:	Phone:	Fax:	
Mailing Address:	City:	State:	Zip:
Demo Site Address:	City:	State:	Zip:

Demolition Contractor:

Business Name:
Phone:
Onsite Contact:
Mailing Address:

Demolition Information:

# of structures being demolished:	Start Date:	Completion Date:
Survey Attached? Y N	Asbestos Present? Y N	Will asbestos be removed? Y N

Demolition Project Category:

<input type="checkbox"/> Complete Demolition <input type="checkbox"/> 10-Day DNR Notice of Demo sent <input type="checkbox"/> Ordered Demolition - Attach copy of Order <input type="checkbox"/> Renovation, Alteration, Remodeling, Maintenance or other Construction

I have read and will abide by the conditions set forth in this permit and any addendum thereto. I do hereby certify that the information in this application and supplemented data described herein is, to the best of my knowledge, accurate and complete.

Applicant Name:	Signature:	Date:
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Office Use Only Office Use Only Office Use Only Office Use Only

Date Application Received:		
Demolition Permit	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Permit #
Payment Info:	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Date Pmnt Received:
Review Date:	Reviewed By:	
Signature of City Inspector:		Date:

(Must be signed before fill or utilizing excavation site for New Construction)