

**DEMOLITION APPLICATION / PERMIT**  
**CITY OF JUNCTION CITY INSPECTION DEPARTMENT**  
 700 N. Jefferson St. PO Box 287, Junction City, KS 66441  
 785-238-3103 Ext. 182 fax 785-210-1904

Fee: \$40.00 minimum  
 \$ \_\_\_\_\_  
 ρ Bill Contractor  
 ρ Bill Owner  
 ρ No Fee Exempt/Grant  
 PD Rec# \_\_\_\_\_

PERMIT NO. \_\_\_\_\_ D- \_\_\_\_\_

Application Date \_\_\_\_\_

Property Owner:	
Address:	
Contractor:	
Address:	

Permission is hereby granted to the above mentioned demolition contractor to demolish a Building/Residence, etc. at \_\_\_\_\_,  
(demolition address)  
 \_\_\_\_\_.  
(legal description)

Said building has been used as a \_\_\_\_\_ of \_\_\_\_\_ story(ies), and approximately \_\_\_\_\_ feet front, and \_\_\_\_\_ feet deep.

LANDFILL DEBRIS IS BEING HAULED TO: \_\_\_\_\_

Has a permit been issued for a new building on this site?  Yes  No  Pending

I hereby affirm that the above statements are true and correct, and bind myself to comply with all ordinances pertaining to or governing the demolition of buildings.

Applicant Signature:	Title:
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Approved by Codes Administrator:	Date:
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**THIS PERMIT IS VALID FOR SIXTY (60) DAYS.**  
**SEWER CAP INSPECTION MUST BE CALLED FOR PRIOR TO COVERING.**