

# Fremont County Building & Environment Health Departments

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www.fremontco.com



## DEMOLITION PERMIT APPLICATION

Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Property Owner: _____	Applicant: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone #: _____	Telephone #: _____

Demolition Site Address: \_\_\_\_\_

Type of Structure: \_\_\_\_\_

**NOTE:** Service utility connections shall be discontinued and capped in accordance with the approved rules and requirements of the utility provider.

**ATTENTION UTILITY PROVIDER:** Please sign the appropriate space below only after you are satisfied that the utility service has been disconnected and capped off to the satisfaction of your regulations.

UTILITY:	COMPANY:	DATE:	AUTHORIZED SIGNATURE:
Water: _____	_____	_____	_____
Sanitation: _____	_____	_____	_____
Electric: _____	_____	_____	_____
Gas: _____	_____	_____	_____
Telephone: _____	_____	_____	_____
Cable: _____	_____	_____	_____
Other: _____	_____	_____	_____

This permit is issued for the purpose of demolition or removal only and shall not be used for the purpose of new construction except bracing, shoring or temporary support for the building or structure which is being demolished or removed. This permit shall expire in (180) days. By signing this application you agree to comply with the International Building Code, 2006 Edition, the Fremont County Zoning Resolution, Colorado Revised Statutes and all applicable rules and regulations of Fremont County.

**By State law we are required to furnish you with the attached documents. By signing this Demolition Permit you are acknowledging the necessity of contacting the Colorado Department of Public Health and Environment @ (303)-692-3100 before starting any demolition project.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee: \$ _____	Receipt & Check #: _____	By: _____	Date Paid: _____
Scheduled Start Date: _____	Completion Date: _____	Plans Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved By: _____	Date Approved: _____		
Comments: _____			