



CITY OF WARRENSBURG
102 S. HOLDEN ST.
WARRENSBURG, MO 64093
PHONE: 660-747-9135 FAX: 660-747-2349
www.warrensburg-mo.com

DEMOLITION PERMIT APPLICATION

Date: _____

Permit # : _____

Construction Value \$ _____

OWNER/CONTRACTOR INFORMATION:

Owner's Name: _____

Telephone No. _____

Address: _____

General Contractor/Demolition Contractor: _____

Address of Company: _____

Telephone No.: _____

Business Lic No.: _____

LOCATION OF STRUCTURE:

Street Address: _____

Lot Size Length: _____ Width: _____

Type of Structure: Mobile Home: _____ House: _____ Commercial: _____ Other: _____

Dimensions: No. of Stories: _____ Length: _____ Width: _____ Height: _____

Foundation: Basement: _____ Pad: _____ Crawl Space: _____ Footings Depth: _____

Available Utilities: Electric: _____ Water: _____ Gas: _____ Sewer: _____ Telephone: _____ Cable: _____

Utility Disconnect Form Attached: _____ (copy must be attached if applicable)

SIGNATURE OF APPLICANT/AGENT:

I have read and understand and have complied with, where applicable, the following information attached to this application:

- 1) Utility Disconnect Form
2) Capping of Sewer Prior to Demolition
3) Proper Disposal of Demolition Rubble per MDNR
4) Open Burning in City Limits
5) Transient Employer Guidelines
6) Proper Removal of Asbestos-Containing Materials

I also understand that the lot must be cleared of all debris, graded for drainage, have silt control in place and seeded before a final inspection and Certificate of Completion is issued.

Applicant/Agent Signature _____ Date: _____

FOR OFFICE USE ONLY:

Permit Fee: _____ Sewer Cap Fee: _____ Total Fee: _____

Approvals: Building Official: _____ Date: _____ Fire Chief: _____ Date: _____

Public Works: _____ Date: _____ Planning: _____ Date: _____



UTILITIES DISCONNECT FORM

PROJECT LOCATION: _____

The adopted building code, **2006 International Building Code**, Section 3303.6, states: Utility connections. Service utility connections shall be discontinued and capped in accordance with the approved rules and the requirements of the authority have jurisdiction.

UTILITIES DISCONNECTS:

Signatures are required from all utility companies listed below.

KCP&L (ph# 888-471-5275): _____
720 E. Young St., Warrensburg, MO 64093

MISSOURI GAS ENERGY (ph# 800-582-1234): _____
1530 Corporate Dr., Warrensburg, MO 64093

MISSOURI AMERICAN WATER (ph# 866-430-0820): _____
1705 Montserrat Park Rd., Warrensburg, MO 64093

CENTURYLINK (TELEPHONE) (ph# 800-788-3500): _____
213 E. Market St., Warrensburg, MO 64093

CHARTER CABLE (ph# 877-728-3121): _____
815 Charter Commons Dr., Town & Country, MO 63017

CITY OF WARRENSBURG SEWER CAP INSPECTION: _____
(ph# 660-262-4663) 102 S. Holden St., Warrensburg, MO 64093
The sanitary sewer service connection must be CAPPED at the property line with concrete. An inspection is required before permit can be issued.

PERMIT APPLICANT/AGENT SIGNATURE:

Permit applicant/agent required to sign below.

I have made contact with all of the necessary utility companies and have their **signature/approval** confirming that all utilities have been disconnected. I am applying for a permit to demolish or remove the structure at _____.

Applicant/Agent Signature: _____ **Date:** _____