



CITY OF MT. WASHINGTON

DEMOLITION BUILDING PERMIT

PERMIT NUMBER: _____

PROJECT ADDRESS (including Suite/Unit #): _____ _____	Property Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
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BUILDING INFORMATION: Owner Name: _____ Address: _____ City: _____ Zip: _____ Phone: _____ (____) _____ - _____ Email: _____	CONTRACTOR INFORMATION: Business License # _____ Company Name: _____ Address: _____ City: _____ Zip: _____ Phone: (____) _____ - _____ Email: _____
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TYPE OF WORK:
 Interior Only Exterior Only Whole Structure (Interior & Exterior)

Are you submitting a building permit with this address?
 Yes No

Valuation for the work being completed (Demo work only):
 \$ _____

RIGHT OF WAY/UTILITY DEMOLITION INFORMATION:

◆ Encroachment permit is required. Call (502) 538-0515.

Existing Square Feet	Demo Area Square Feet

Detailed Job Description (Demo work only):

Demo Checklist:

If required, do you have everything you need to submit?

Interior Only	Exterior Only	Whole Structure
<input type="checkbox"/> 1 Set of plans Existing floor plan Demolition removal plan including mechanical, electrical, and plumbing	<input type="checkbox"/> 1 Set of plans Existing floor plan <input type="checkbox"/> 1 Copies of a site plan	<input type="checkbox"/> 1 Set of plans Existing floor plan <input type="checkbox"/> 1 Copies of a site plan

Permit Fee: \$120.00 non-refundable	<input type="checkbox"/> 1 Copy of the Department of Public Health & Environment permit (State permit)
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This application becomes **null and void** if permit is not issued within **180** days of application date. I hereby certify that the plans, specifications, and computations submitted for approval are in conformance with Building Code, Fire Code or City Ordinances. Issuance of this permit does not waive my obligation to conform to the Codes mentioned and Ordinances of the City of Mt. Washington. Permits presuming to give authority to violate or cancel the provisions of these Codes and Ordinances of the City of Mt. Washington and state of Kentucky shall not be valid. All plans approved are subject to field inspection and interpretation of the field inspectors or the Building Official or Fire Marshal. Permit and tap fees are subject to change at the beginning of each calendar year.

Note: Fees are assessed at time of permit issuance and are subject to city ordinance in effect at that time.

By its signature hereon, the undersigned represents it is the Owner or Authorized Agent of Owner.

SIGNATURE OF OWNER OR AUTHORIZED AGENT OF OWNER:

Signature: _____ Printed Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Email Address: _____

For Office Use

APPROVALS	SIGNATURES	DATE	COMMENTS
Planning/Zoning			
Building			
Public Works			