

For Office Use Only:	
Date Paid:	
Total Due:	
Cash or Check #:	
Received by:	

## **DEMOLITION PERMIT**

Fee: \$100.00 (non-refundable) • Water/Sewer Disconnect Deposit: \$1,000.00 (refundable)

Property Owner:	Contractor's Name and Address:
Address:	
Property Pin #:(Can be found on your tax bill)  Phone:	Phone:
Email:	License # (If applicable):
I prefer to be contacted by:Phone Text Email	
Address where demolition will be done:	Approx. project cost: \$
Address where demontion will be dolle.	
Subdivision (If applicable):	
Email permit to:OwnerContractor Email ad	dress:
line. Water services must be removed all the way to DISCONNECTS MUST BE INSPECTI Per Section 15.10.040 of the Byron Municipal Call damage occurring to adjacent properties of	t be disconnected. Sewer lines can be capped at property of the watermain regardless of the location of the main. ED BY CITY PRIOR TO BACKFILLING. Code, the applicant shall be responsible for any and f Municipal infrastructure or utilities damaged by n of the building.
	-4080 WHEN BUILDING IS DEMOLISHED. D FROM PROPERTY TAX ROLLS**
Applicant's Signature:	Date:
DO NOT WRITE BELOW T	THIS LINE—OFFICE USE ONLY
Application Approved	Application Denied
	Reason:
Development Director	Date