



1000 Englewood Parkway * Englewood, CO 80110 * 303-762-2356*303-762-2357 * Fax: 303-762-2362

DEMOLITION PERMIT APPLICATION

Job Address: _____

Contractor Name: _____

Registration No. _____ Contractor Phone: _____

E-MAIL: _____

Contractor Address: _____

Property Owner Name: _____

Property Owner Address: _____

Type of Work: _____ Total Building Demo _____ Interior Demo _____ Interior Demo
_____ Exterior or Sign Demo _____ (No Remodel) _____ (Future Remodel)

Class of Structure: _____ Residential–single family or duplex (circle one) _____ Residential – multifamily
_____ Commercial _____ Assembly _____ Industrial _____ Educational _____ Institutional

Year Structure Built: _____ Square Ft. of Structure: _____ Height of Structure: _____
(if known) (if known) (if known)

Demo. Start Date: _____ Demo. Finish Date: _____

Describe of Method of Demolition:

Valuation: _____ (materials and labor)

I certify that all information listed herein is accurate, to the best of my knowledge, and understand that any misrepresentation of facts on this application may result in the suspension or revocation of any permit issued, or the denial of the issuance of a permit.

Print Name: _____

Signature of Applicant: _____ Date: _____