

## Demolition Permit Application

Planning & Development Services | Building Safety Division

[www.lawrenceks.org/pds/building-safety](http://www.lawrenceks.org/pds/building-safety)

Date: \_\_\_\_\_

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

Legal Description (if applicable): \_\_\_\_\_

Block

Lot

Subdivision

**I hereby certify that, to the best of my knowledge and belief, all of the information on this application and on documents submitted in support of this application are accurate. I understand that any demolition performed that is inconsistent or in conflict with this application, the supporting documents, or the provisions of Chapter V, Article 12 of the City of Lawrence Code, Demolition of Structures is a violation of the City Code. I also understand that no demolition work shall take place until a permit has been approved by the City. I further understand that the discovery that the building or structure contains friable asbestos or materials containing friable asbestos shall be cause for the immediate revocation of a demolition permit.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property owner Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Person, Firm, or Corporation responsible for the building, if it is someone other than the owner:

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Brief Description of Structure:

\_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**There is a 30-day public comment period before any demolition work can begin. Expiration of the public comment period, along with verification from gas, electric, and water utility providers that services have been retired is necessary before a permit will be issued. This application must be signed by the record owner(s) and any contract purchaser(s).**