



Papillion Building Department
 122 East Third Street
 Papillion NE 68046
 Phone: 402-597-2072
 Fax: 402-597-2074
 www.papillion.org

Business Hours 8 am – 5 pm M-F

OFFICIAL USE ONLY

Permit Number _____

Inside City limits ETJ

Revised 03/26/08

DEMOLITION PERMIT APPLICATION

Location of Project: _____

Legal Description: _____ Total Acres: _____
 (Lot) (Subdivision)

General Location: _____

Property Owner: _____
 (Name) (Address) (City, State, Zip) (Phone)

Contractor: _____
 (Name) (Address) (City, State, Zip) (Phone)

Description of building/structure to be demolished: _____

Previous Use(s): _____

Demo Start Date: _____ Demo Finish Date: _____

Method of Demolition: _____

Debris Disposal Location: _____

**** Inspections Required: Fence inspection, Clean hole inspection and Final inspection. ****

I hereby state that that the information submitted on this application is accurate and correct. I recognize that the issuance of this building permit shall not grant approval to violate any of the provisions of the building codes or zoning ordinances enforced by this jurisdiction, state or federal law; and that this permit shall not prevent the building official from requiring construction to be in compliance with all applicable code provisions during field inspections. This permit shall become null and void if no construction work has commenced within 180 from date of issuance or if work has commenced then stopped for more than 180 days. This building permit is issued for the express purpose of work stated on this application and shown on the approved plans. Any changes to the construction plans that effect area or scope of work shall be approved by the building official's prior to construction and may require another permit application. No permit fee refunds are allowed if work has commenced or if work has not commenced and more than 180 days has elapsed after issuance date. The city is not responsible to determine actual locations of property lines during inspections. The property owner or person doing the work is responsible to find locations of property lines for final approval by city inspectors.

Applicant Name (Print clearly): _____ Signature: _____ Date: _____

Demolition Contractors Name (Print clearly): _____ Phone: _____

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Approving Official: _____ Date: _____

Notes:

Utilities Disconnected:

	Date	Initial
OPPD 402.536.4155	_____	_____
Aquila 1.800.303.0752	_____	_____
Water 597.2043	_____	_____
Sewer 597.2043	_____	_____
Hazardous Materials Inspection Certificate 402.540.5651 Info only – Len Brown	_____	_____