

**Demolition Permit Application**



CITY ELM SPRINGS  
 289 JAYROE STREET  
 ELM SPRINGS, AR 72728  
 (479)248-7323 / FAX (479)248-1092

**FOR OFFICIAL USE ONLY**

**Review Routing & Approval**

Division	Sig. = OK	Date
Site Inspection By:		
Application Approved By:		

**Applied Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Responsible Party/Applicant/Contractor Name:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**Address of Property to be Demolished:** \_\_\_\_\_

**What was building's last use?** \_\_\_\_\_

**Will a new building be constructed on this site? Yes ( ) No ( )**

**If "Yes", what will be new building's use:** \_\_\_\_\_

**Owner of Property to be Demolished:** \_\_\_\_\_  
**Owner's Address:** \_\_\_\_\_  
**Owner's Phone Number:** \_\_\_\_\_  
**Owner's Approval:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Air, Asbestos, Lead Abatement per ADEQ (Regulation 21): Copy of N.O.I. Required**  
 (For information go to [www.adeq.state.ar.us/air/asb\\_lead/asbestos.htm](http://www.adeq.state.ar.us/air/asb_lead/asbestos.htm))

**How will site debris be disposed of?** \_\_\_\_\_

**Where will site debris be disposed of?** \_\_\_\_\_

Utilities Disconnected	Yes	No
Gas/Propane		
Electricity		
Telephone		
Water		
Sewer/Septic Capped		
Cable TV		

\_\_\_\_\_  
 (Signature of Contractor or Authorized Agent) (Please Print Applicant Name) (Date)

**NOTE: TO SCHEDULE INSPECTIONS CALL 479/248/7323**