



DEMOLITION PERMIT APPLICATION

DATE: _____

COMPANY NAME: _____

NAME OF CONTRACTOR: _____

ADDRESS OF CONTRACTOR: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

BUILDING TYPE: _____

ADDRESS OF DEMOLITION SITE(S): _____

COST PER STRUCTURE: _____

RATES:

WITH UTILITIES CONNECTED - \$100.00

WITHOUT UTILITIES CONNECTED - \$50.00

CITY OF BELLVILLE APPROVAL: _____ DATE: _____