



City of Syracuse  
495 Midland St / PO Box F  
Syracuse, NE 6844

Building Inspector  
Phone: (402)269-2173  
Fax: (402)269-2499

# Application for Demolition Permit

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Permit No: \_\_\_\_\_

Applicant is to print or type and to complete all information requested. Applicant is to return application to City Hall, 495 Midland Street, Syracuse, NE. Contractor or owner is to notify the Superintendent of Public Works prior to starting of project. Applicant shall pay permit fee with application at the time request for Permit is made.

Contractor or owner shall not start any project until the Building Inspector has approved Permit and the Permit is picked up and displayed on site. Applicant is to allow seven (7) days for the processing of the Permit.

The permit shall be void if construction work has not started within six (6) months from the date the permit is issued. It will also become void if any alterations or change in plans are made without the approval of the Building Inspector.

Completed the following information requested as accurately and completely as possible. This application is not acceptable unless all required information is furnished.

**Structure to be moved is required to be inspected and brought into compliance and approved before it can enter this jurisdiction.**

Type of Structure: Carport: \_\_\_\_\_ Deck: \_\_\_\_\_ Garage: \_\_\_\_\_  
Patio Cover: \_\_\_\_\_ Porch: \_\_\_\_\_ Residence: \_\_\_\_\_  
Storage Shed or Accessory Building: \_\_\_\_\_

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

Legal Description: \_\_\_\_\_

Type of Construction: Brick: \_\_\_\_\_ Wood: \_\_\_\_\_ Metal: \_\_\_\_\_ Other: \_\_\_\_\_

How is Structure to be Demolished: \_\_\_\_\_

Disposition of Debris: \_\_\_\_\_

Will Barricades be Needed? \_\_\_\_\_

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

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

**Contractor is to remove all rock and other debris to a clean hole and to fill and level with dirt within five (5) days and clean the grounds.**

**The Inspection Report for Asbestos is to be provided to the City before demolition.**

Permit Fee: \_\_\_\_\_ City Cost Deposit: \_\_\_\_\_ Damage Deposit: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

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

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

Signature of Applicant: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Disapproval Date: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supt of Public Works Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(402)269-2173 – Please notify out office 24 hours in advance for inspections checked. – (402)269-2173**

### Checklist for Inspections:

\_\_\_\_ Application, Proof of Insurance/Damage Deposit, and Payment      \_\_\_\_ Utilities Disconnected and Signature  
\_\_\_\_ Asbestos Inspection      \_\_\_\_ Final Inspection