



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

Building Inspector
Phone: (402)269-2173
building@syracusene.com

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 the 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.

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	_____ Electric Utilities Disconnected and Signature
_____ Asbestos Inspection	_____ Water/Sewer Disconnected and Signature
_____ Clean Hole	_____ Gas Utilities Disconnected and Signature
_____ Final Inspection	_____ Lot Graded

Adopted: November 12, 2025 Resolution: 25-28