

Permit No: _____

Permit Fee: \$25.00



Please submit this form to:
 Community Development
 419 N Broadway
 785-263-2355
kolson@abilenecityhall.com

STRUCTURE REMOVAL PERMIT

Residential Commercial

Project Site Address: _____

Structure to be demolished or relocated: _____

Property Owner: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Demolition Start Date: _____ Completion Date: _____

General Contractor: _____ Phone: _____

Contractor Address: _____

Contractor Email: _____

Additional Removal Notes, if applicable: _____

Relocation Start Date: _____ Completion Date: _____

Name of Mover: _____ Phone: _____

Contractor Address: _____

Contractor Email: _____

Planned Route of Relocation: _____

I certify that I have read this application and state that the above information is correct, and that I as owner or contractor, do agree to comply with all City of Abilene adopted building codes related to the above project.

Applicant Signature: _____ **Date** _____

Print Name: _____

Applicant Type: Contractor/Mover Owner/Agent of Owner