

Building Inspections Department
City of Elk Run Heights
5042 Lafayette Rd.
Elk Run Heights, Iowa 50707

DEMOLITION Permit Application

OFFICE USE ONLY

PERMIT NO. _____

Date _____
Site Address _____ Suite/Unit. No. _____
Tenant/Building Name _____ Condominium No. _____
The applicant is: Owner Contractor

**Property
Owner**

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____

Contractor

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ License No. _____

**Architect/
Engineer**

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Registration No. _____

**Type of
Structure**

Select one only

- | | |
|--|---|
| <input type="checkbox"/> 01 Single Family Residential | <input type="checkbox"/> 45 Recreational, Amusement |
| <input type="checkbox"/> 02 Single Family Connected to Single Family | <input type="checkbox"/> 46 Other Non-housekeeping Shelter |
| <input type="checkbox"/> 03 Residential Garage | <input type="checkbox"/> 65 Industrial Buildings |
| <input type="checkbox"/> 30 Two Family Residential | <input type="checkbox"/> 70 Public Works and Utilities Building |
| <input type="checkbox"/> 31 Three-Four Family Residential | <input type="checkbox"/> 80 Public Schools |
| <input type="checkbox"/> 32 Multiple-Family Residential | <input type="checkbox"/> 81 Private Schools |
| <input type="checkbox"/> 40 Offices, Banks, Professional | <input type="checkbox"/> 85 Church and Religious Buildings |
| <input type="checkbox"/> 41 Stores, Restaurants, Warehouse | <input type="checkbox"/> 88 Hospitals and Institutional Buildings |
| <input type="checkbox"/> 42 Hotels, Motels | <input type="checkbox"/> 93 Other Non-Residential Building |
| <input type="checkbox"/> 43 Parking Garage | <input type="checkbox"/> 95 Fences, Signs, Antennas |
| <input type="checkbox"/> 44 Service Stations and Repair Garage | <input type="checkbox"/> 96 Other Non-Building Structures |

REQUIRED SIGN-OFFS

MID-AMERICAN ENERGY

PHONE: 291-4721, Operation Clerk in Charge of Demolition

GAS:

Meter Retired Date: _____

MWG Rep: _____

Service Retired Date: _____

MWG Rep: _____

MID-AMERICAN ENERGY

PHONE: 291-4721, Operation Clerk in Charge of Demolition

ELECTRICITY:

Meter Retired Date: _____

MWP Rep: _____

Service Retired Date: _____

MWP Rep: _____

WATERLOO WATER WORKS

PHONE: 232-6280, Steve or Rick for Information

Cut Off at Main _____ Cut Off at Pay Box _____ (Check appropriate one)

Date: _____ Waterloo Water Works Rep: _____

Bonded Plumber: _____ (Contractor's Name)

QUEST

PHONE: 291-9276, Supervisor of Network Operations

Cut Service from Structure

Date Notified: _____ Notified by: _____

SEWER

PHONE: 232-0020

Cut Service from Structure

Date: _____ Elk Run Plumbing Inspector: _____

MEDIA COM

PHONE: 1-800-332-0245 PRESS (0) TO GET A REP

Cut Service from Structure

Date Notified: _____ Notified by: _____

ASBESTOS TESTING/REMOVAL

Date of Testing: _____ Tested by: _____

Date of Removal: _____ Removed by: _____

PLANNING AND ZONING

Historical Significance: Yes _____ No _____ (Check one)

Accessory Structures: Are there any accessory structures on this or adjacent lots tied together by Restrictive Covenant? Yes _____ No _____
(Check one)

If yes, such accessory structures must be included in the demo permit -- unless otherwise approved prior to the issuance of the demo permit.

Planning and Zoning Representative's Signature: _____

I hereby apply for a demolition permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the city of Waterloo; that I understand this is not a permit but only an application for a permit, and work is not to start without a permit; that the work will be in accordance with the approval plan in the case of all work which requires review and approval of plans.

Applicant's Signature _____

Date _____