

Building Removal Permit

Date _____ Address of Building _____

Name of Applicant _____

Applicant's Address & Phone No. _____

Owner of Building _____

Owner's Address & Phone No. _____

Method of Disposition _____

Sanitary Sewer Capped _____

Name of Contractor (if applicable) _____

SANITARY SEWER MUST BE CAPPED AND INSPECTED BEFORE BUILDING REMOVAL BEGINS.

*****Demolition is to begin within thirty (30) days of approval of application. The structure must be completely demolished and removed and all depressions filled to the surrounding landscape height within ninety (90) days.***

*****If the demolition and removal of the structure is not completed in a timely manner, the City of Sparta, or its agent may have the demolition and removal of the structure completed at the expense of the property owner. A fee of \$25 is required upon approval of this permit.***

(signature of applicant)

(Code Official Approval)

(Public Health and Safety Commissioner)