

City of Shelbyville
 Division Of Code Enforcement
 315 Washington Street
 Shelbyville, Ky. 40065
 Phone: 502-633-8000
 Fax: 502-633-4292

DEMOLITION PERMIT APPLICATION

Commercial

Residential

Address:			Zone:		
Owner:			Phone:		
Owner's Address:					
City:		State:		Zip:	
Contractor:			Phone:		
Contractor's Address:					
City:		State:		Zip:	
Assessment:		Cost of Demolition:		Construction Type:	
# of Buildings:	# of Units:	# of Rooms:		# of Baths:	# of Stories:
Foundation:		Sewer Plug #:			<input type="checkbox"/> Occupied
<input type="checkbox"/> Vacant					
Insurance Company:					
Address:			City:		State:
					Zip:
Amount of public liability insurance/or bond required:			Amount of property damage insurance/or bond required		
Demolition Sq. Ft.			Permit Fee \$		
CONDITIONS OF PERMIT					
<ul style="list-style-type: none"> • THIS PERMIT GOOD FOR 30 DAYS ONLY. • ADEQUATE BARRICADES MUST BE PROVIDED BEFORE DEMOLITION WORK IS STARTED. • UNSUITABLE FILL MATERIAL MUST BE HAULED TO APPROVED LAND FILL. • LOT MUST BE LEFT IN CLEAN, SMOOTH, AND SANITARY CONDITION. • BUILDING(S) MUST BE COMPLETELY VACATED BEFORE ANY ACTIVITY UNDER THIS PERMIT IS COMMENCED. • USE OF LOT(S) AFTER WRECKING IS COMPLETED, MUST COMPLY WITH ALL ORDINANCES AND CODES. • MUST PROVIDE PROOF OF OWNERSHIP AND/OR NOTARIZED LETTER FROM OWNER PRIOR TO ISSUANCE OF DEMOLITION PERMIT. 					
Approved by:			Worker's Comp Certificate on File		
			Expiration Date:		
<ul style="list-style-type: none"> • I certify that the above information is true and correct • I agree to comply with all the above conditions (if any) 					
The undersigned hereby certifies they are the owner or the owners' agent of the above property.					
Contractor's Signature:			Date:		