City of Tekoa
Demolition Permit Application

Permit # _____

Site Address: _____ Project Name: _____

Property Owner: _____

Mailing Address: _____ City, ST, Zip: _____

Description of work to be done: _____

_____

_____

_____

Contractor performing work being done: _____

Mailing address: _____ City, ST, Zip: _____

EIN #: _____ WA. UBI #: _____

How will demolition materials be disposed of? _____

_____

Date project/demolition will start: _____

Date project/demolition should be complete: _____

Property legal description or parcel #: _____

_____

All utilities need to be shut-off and disconnected. I understand that by signing this permit application I am swearing that the information furnished by me is true and correct to the best of my knowledge.

_____ _____

Owner Date

_____ _____

City of Clerk or Deputy City Clerk Building Inspector