



CITY OF STE. GENEVIEVE, MISSOURI

165 S. Fourth Street
Ste. Genevieve, MO 63670
Phone (573) 883-5400 Fax (573) 883-8105

Permit # _____

Demolition Permit Application

PLEASE FILL OUT COMPLETELY

Date: _____

_____ hereby apply for a permit to

Demolish / Alter building located at _____

Description of building to be demolished / altered: _____

Is the building to be demolished / altered historic? _____ In the NRHD? _____ Contributing? Yes / No

Building to be altered in the following manner: _____

Legal Owner of Building _____ Email: _____

*** Email to be used for any communication by city staff. ***

Owner Address _____ Phone # _____

Estimated cost to demolish or alter? _____

ALL UTILITIES MUST BE PROPERLY DISCONNECTED BEFORE DEMOLITION CAN START. THIS OFFICE MUST BE NOTIFIED IN WRITING BY THE APPROPRIATE UTILITIES WHEN DISCONNECTIONS ARE MADE.

Applicant's Signature: _____ Date: _____

Applicant Address: _____ Phone #: _____

“NOTICE: The disposal of demolition waste is regulated by the Department of Natural Resources under Chapter 260, RSMO. Such waste, in types and quantities established by the Department, shall be taken to demolition landfill or sanitary landfill for disposal.”

ALL SITES MUST BE MADE SECURE DURING DEMOLITION AND THE AREA TAPED OFF.

FOR OFFICE USE

Cost of Permit: _____

Water Disconnected: _____

Zoning District: _____

Gas Disconnected: _____

Historic District: _____

Electric Disconnected: _____

Contributing Building: _____

Inspection Times & Dates: _____

Floodplain? _____

Date of CoA Issuance: _____

Date of Board of Alderman Approval: _____

Date of Final Action: _____

Zoning Administrator

Date

Building Inspector

Date