

Inspection Department  
 PO Box 273  
 Solomon KS 67480  
 (785) 655-3311



**PERMIT NO.** \_\_\_\_\_  
 Permit Fee: \$20.00

## APPLICATION FOR STRUCTURE REMOVAL PERMIT

Method of Removal Demolition  Relocation

1. Project Site Address: \_\_\_\_\_

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2. Owner of Record of Property: \_\_\_\_\_ Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

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3. Contractor: \_\_\_\_\_ Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

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4. Name of Mover: \_\_\_\_\_ Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

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5. Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

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6. Description of Building being Removed: \_\_\_\_\_

Checklist	Inspections – Building Official	Date
7. Electrical Disconnected/Secured		
8. Gas Piping		
9. Water Service (private or public)		
10. Sewer or Septic		
11. Backfill		
12. Clean-Up / Finish Grading		

I hereby certify that I have read this application and state that the above information is correct, and that I as owner or contractor, do agree to comply with all City of Solomon adopted building codes related to the above project.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contractor       Owner       Agent for Owner       Agent for Contractor

Approved for Issuance by	Date
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