



City of Ottawa

Community Development Department

101 S. Hickory
P.O. Box 60
Ottawa, KS 66067
Phone: (785) 229-3620
E-mail communitydevelopment@ottawaks.gov
Web Site www.ottawaks.gov

Demolition Permit Application

Inspections: Please call for inspection 24 Hours in advance.

Project Address: _____ Date: _____

Owners Information----do you authorize release of contact information to the City of Ottawa Fire Department so they may contact you in regard to potential training at this site? YES or NO

Name: _____

Address: _____
Address City State Zip Code

Phone No. _____ Cell Phone No. _____

E-Mail Address: _____

Contractors Information

Name: _____

Address: _____
Address City State Zip Code

Phone No. _____ Cell Phone No. _____

E-Mail Address: _____

Demolition of: ☐ House ☐ Garage ☐ Shed ☐ Commercial/Industrial
☐ Interior ☐ Other: _____

Does Structure have asbestos: ☐ Yes ☐ No ☐ Don't know Plan to Rebuild: ☐ Yes ☐ No ☐ Don't know

The contractor certifies that the proposed work is authorized by the owner and the contractor is authorized by the owner to make this application as his agent.

Signature of Owner or Contractor: _____
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= For Office Use Only

Notification to Fire Department: Yes or No

Does Structure have asbestos: If yes, has information for disposal been given: Yes or No

Historical District approval needed: Yes or No. If yes, Historical Approval Received: _____

Gas Disconnected Date: _____ Electric Disconnected Date: _____

Water Disconnected Date: _____ Sewer Disconnected Date: _____
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Permit Cost: _____ Approved by: _____
Date