



Development Services Division
 620 SE Madison, Unit 6
 Topeka, Ks, 66607
 Phone: (785) 368-3704
 Fax: (785) 368-1650

DEMOLITION PERMIT APPLICATION

DATE: _____

Development Services – Application #: _____ Permit fee: \$ _____

Address of Structure: _____

Structure was used as:

Residence: _____ Duplex: _____ Commercial Building: : _____
 Apartment Building: _____ # of Units: _____ Other: _____

Square Footage of Structure to be Demolished: _____

Legal Description:

Lot: _____ Block: _____ Subdivision: _____

Is Structure on the register of historic places? _____ Yes _____ No

Owner of Property: _____ Phone: _____

Address: _____

Demolition to be Completed by: _____

Address: _____ Phone: _____

Sewer to be Capped by: _____

Sewer Capped On: _____ Verified by: _____

BOND POSTED IN PLACE OF CAPPING OF SEWER? YES: _____ NO: _____
 CASHIERS CHECK: _____ MONEY ORDER: _____ CASH: _____ BUSINESS CHECK: _____

IS PROPERTY SERVICED BY SEPTIC SYSTEM? _____ YES _____ NO
 IF YES, CALL (785) 251-2450 AND SPEAK TO ENVIRONMENTAL HEALTH

Date Structure to be Demolished: _____

Property Owner's Signature: _____

(PROPERTY OWNER SIGNATURE REQUIRED)

Planning
 Water
 Historical Property
 Maintenance: (if applicable)

Approve: _____ Date: _____
 Approve: _____ Date: _____
 Approve: _____ Date: _____

Disapprove: _____ Date: _____
 Disapprove: _____ Date: _____
 Disapprove: _____ Date: _____