

City of Gravette DEMOLITION PERMIT APPLICATION

City of Gravette 202 Main St. NE Gravette, AR 72736 P: 479-787-5757 F: 479-787-5018

Project address:			Property owner:						PERMIT TYPE
Property owner address:			Phone number:						Demolition \$100.00
									Asbestos Testing \$100.00
Contractor:			Phone number:						FEES DUE:
Mailing address:			Email address:						
			DD	OIECT	DETAILS				
PROJECT DETAILS Project start date: Project end date: Total squar							quare fee	t:	
			ow will site debris be contained? How will site d					احندا	diamand af2
reason for demonflou:			How will site debris be contained?					oris i	oe disposed of?
UTILITY DISCONNECTION CHECKLIST									
	Gas/Propane	OTIL	Yes	No	Electricity	Yes	No		
	Telephone		Yes	No	Water	Yes	No		
	Sewer/Septic	capped	Yes	No	Cable TV/Satellite	Yes	No		
l agree to abide by all Arkansas Department of Environmen				tal Quality guidelines regarding air, asbestos, and lead abat					DATE
This permit becomes null and void six-months from date of issuance.									
I hereby certify that I have read and exa will be complied whether specified her regulating construction or the perform	ein or not. Granti	ng a perm							
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT			PRINT NAME						DATE
APPROVED BYCOMMENTS:			DATE		PERMIT NUI	MBER			