

CITY OF GRAVETTE
DEMOLITION PERMIT APPLICATION
604 First Ave SE
GRAVETTE, AR 72736
479-787-5757 479-530-3064
(Refer to Ordinance #11-03)

Office use only

Application Date ___/___/___

Permit # _____

Project Address: _____

Owner Name: _____ Phone #: (____) _____ - _____

Contractor Name: _____ Phone #: (____) _____ - _____

Contractor Address: _____

City: _____ State _____ Zip _____

License # _____ Expiration Date: ___/___/___

Proposed Use:

Work Description:

Square Footage: _____

Demolition Fee: \$ 100.00

Fees Due: \$ _____

Demolition of any building or structure over 101 square feet shall be charged a fee of \$100.00

THIS PERMIT BECOMES NULL AND VOID IF AUTHORIZED WORK OR CONSTRUCTION HAS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME ONCE WORK IS STARTED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. GRANTING A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Date: ___/___/___

(Signature of Contractor or Authorized Agent)

(Print Applicant Name)

****All Inspections require 24 hour notice to the Building Inspection Division****