



FREMONT COUNTY BUILDING DEPARTMENT

2006 International Residential Building Code
615 Macon Ave, Room 212, Canon City, CO. 81212
Telephone: (719)-276-7460
Fax: (719)-276-7461



Demolition Permit Application

Permit Number _____ Expiration Date _____

Property Owner: _____ Applicant: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Telephone # _____ Telephone # _____

Demolition Site Address: _____

Type of Structure: _____

NOTE: Service utility connections shall be discontinued and capped in accordance with the approved rules and requirements of the utility provider.

ATTENTION UTILITY PROVIDER: Please sign the appropriate space below only after you are satisfied that the utility service has been disconnected and capped off to the satisfaction of your regulations.

UTILTY:	COMPANY:	DATE:	AUTHORIZED SIGNATURE
Water _____	_____	_____	_____
Sanitation _____	_____	_____	_____
Electric _____	_____	_____	_____
Gas _____	_____	_____	_____
Telephone _____	_____	_____	_____
Cable _____	_____	_____	_____
Other _____	_____	_____	_____

This permit is issued for the purpose of demolition or removal only and shall not be used for the purpose of new construction except bracing, shoring, or temporary support for the building or structure which is being demolished or removed. This permit shall expire in six months (180 day). By signing this application you agree to comply with the International Building Code, 2006 Edition, the Fremont County Zoning Resolution, Colorado Revised Statutes and all applicable rules and regulations of Fremont County.

By State law we are required to furnish you with the attached documents. By signing this Demolition Permit you are acknowledging the necessity of contacting the Colorado Department of Public Health and Environment @ (303)-692-3100 before starting any demolition project.

It is the sole responsibility of the property owner to notify any lien-holder(s) or other parties who may have an interest in the property regarding the demolition project.

Applicant's Signature: _____ **Date** _____

Fee: \$65.00 Receipt & Check #: _____	By: _____	Date Paid: _____
Scheduled Start Date: _____	Completion Date: _____	Plans Submitted ___ Yes ___ No
Approved By: _____	Date Approved _____	
Comments: _____		