

City of
WEST LIBERTY

409 N. Calhoun Street – West Liberty, IA 52776
Phone: (319) 627-2418 Fax: (319) 627-6523
Email: wlcity@Lcom.net

DEMOLITION PERMIT APPLICATION

Application Date _____

Permit Issuance Date _____

1. Site Address: _____

2. Dimensions of Building: _____

3. Use of Building: _____

Number of Stories: _____

Number of Dwelling Units: _____

4. Frame Type (e.g., masonry; wood; steel) _____

5. Disposal site for demolition materials: _____

List and hazardous materials known to be on the site, ie. asbestos, underground tanks, etc. and specify abatement plans and abatement contractor _____

6. Applicant: _____

Address: _____

City: _____ State _____ Zip _____

Work Phone: _____ Home Phone: _____

7. Owner: _____

Address: _____

City: _____ State _____ Zip _____

Work Phone: _____ Home Phone: _____

Contact Person: _____
