

CITY OF ST. FRANCIS, KANSAS

PERMIT TO RAZE A BUILDING

Name: _____ Date: _____

Address: _____ Lot: _____ Block: _____

Phone # Day: _____ Night: _____

Location of razing: _____

Description of what will be razed: _____

How many stories tall from ground level: _____

Contractor name: _____

Contractor Insurance Co. name & #: _____

Date work will begin: _____ Date work to be completed: _____

How will materials be disposed of: _____

Where will materials be disposed of: _____

Does building have a basement: YES _____ NO _____

Comments: _____

Applicant signature: _____

City Superintendent signature: _____

Fee: _____ Paid date: _____ Receipt #: _____

NOTE: ALL PROPERTIES THAT ARE RAZED AND HAVE A BASEMENT SHALL HAVE ALL BASEMENT WALLS AND FLOORS COMPLETELY REMOVED. ALL SEWER LINES THAT ARE CONNECTED TO CITY SEWER SYSTEMS SHALL BE CUT OFF AND PLUGGED WITH AT LEAST SIX INCHES OF CONCRETE. ALL BURNING OF MATERIALS SHALL BE AUTHORIZED BY THE CITY SUPERINTENDENT AND THE FIRE CHIEF BEFORE BURNING IS DONE.

NOTE: THIS PERMIT IS VALID FROM THE DATE OF ISSUANCE TO THE COMPLETION DATE AS NOTED ABOVE OR FOR A PERIOD OF SIXTY (60) DAYS FROM THE DATE OF ISSUANCE, WHICHEVER PERIOD IS LONGER. IF THE WORK IS NOT COMPLETED WITHIN THE ALLOTTED TIME FRAME, A NEW PERMIT PLUS APPLICABLE FEES WILL BE REQUIRED.
