

**CITY OF CHIPLEY  
DEMOLITION PERMIT**

Date: \_\_\_\_\_

Fee: \_\_\_\_\_

**Type of Demolition:**

Circle type: (if other, please specify)

House      Commercial Structure      Other      Asbestos: Yes      No

**Owner:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

**Location of Demolition:** \_\_\_\_\_

**Contractor/Agent:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

**Note: Please notify the City of Chipley 48 hours prior to commencement of work. In some cases, city utilities will need to be properly disconnected or located.**

**I hereby agree to properly remove all debris in the demolition of the above building or structure.**

**PERMIT EXPIRES SIX MONTHS FROM DATE OF ISSUE!**

*This section to be completed by City staff:*

Circle one:    Utilities to remain	Utilities not needed
Public Works Approval Date & Signature:	
WUD Approval Date & Signature:	

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Approved By/Title**

\_\_\_\_\_  
**Date**