

## **Demolition Permit Application**

304 CENTRAL AV	E ~ WIGGINS, CO 80	<u>654 ~ Рн: 970.483.6</u>	161 ~ Fax: 970	.483.7364 ~ <u>ww</u>	W.WIGGINSCO.COM	Inspection Line – 970-483-6161
Filing Fee	e: \$15	mit #:	Date:	APP	ROVED:	
JOB INFOR	RMATION					
Job Address:				_		
Subdivision:			Block: Lot:			
CONTRACT	TOR INFORMA	TION – Contractor	rs will be requ	ired to be licer	ised with the Town o	of Wiggins.
Building Owner	Name:		•			
	Address:				Phone:	
	City, State Zip:					
Applicant  ☐ Owner  ☐ Primary  Contractor	Name:				Title:	
	Company:					
	Address:				City, State Zip:	
	Phone:			Email:		
Wiggins Contractors License #						
Was this building built prior to 1978? ☐ yes ☐ no  * If yes, please provide an asbestos report.  Is this building a designated historical landmark? ☐ yes ☐ no						
TYPE OF BUILDING(S)						
	Idings Being Demo	olishad:	Sauara F	ootage of Demol	lition	
		msned.	Square 1	botage of Defilor	ntion.	
Type of Building (check one)				Accessory Building(s)		
☐ Single-Family Dwelling☐ Multi-Family Dwelling			☐ Office ☐ Detached ☐ Attached			
☐ Townhouses		□ Other				
Description of	building(s) to be m	oved or demolished:				
to submit additi		icate you have read a ased on the unique p				n. Applicants may be required
☐ Provide the	e Town of Wiggins	s with written notices	from all discor	nnected utilities.		
•	oof of approved "I 03)692-3150.	Demolition Notification	on" Permit from	n the Colorado I	Department of Public I	Health Air Quality Control
☐ Provide a s	site plan identifying	g the structure(s) to b	e demolished.	exterior demolit	tion only)	
understand that laws regulating	the granting of a construction/demo	permit does not pres- plition or the perform	ume to give au ance of constru	thority to violate ction/demolition	e or cancel any provis n. I swear that I am aut	ame to be true and correct. I ions of any state or local horized by the owner of this on this permit application.
X						
Signature of App	plicant				Dat	te